

Empowering Nursing Leaders to Facilitate Healthy Work Environments: First Steps

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Abstract

The purpose of this project was to examine the literature for perspectives on healthy work environments (HWE). HWEs have been identified as important factors in the nursing profession to enhance recruitment, retention, job satisfaction, and accountability. This paper identifies that the front line manager is an essential role within organizations, and directly impacts work environments. Within this paper it has been pointed out that professional organizations have provided some general recommendations for improving work environments which include increasing nurses' accountability and teamwork, providing opportunities for shared decision making, having supportive leadership, providing recognition, educational support, and adequate staffing. However, enacting them all can be difficult due to front line manager capacity, the impending nursing shortage, organizational resources and barriers. Based on the literature, conclusions have been drawn and recommendations for future research have been identified. HWE strategies have been developed with implementation plans for my practice area.

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Table of Contents

	Page
Abstract	ii
Acknowledgements	iii
Table of Contents	iv
List of Figures	vi
 CHAPTER ONE: THE PROBLEM	 1
Purpose of the Project	6
Key Elements of HWEs	7
Literature Review	9
 CHAPTER TWO: TEAMWORK AND COLLABORATION	 10
Teamwork	10
Communication	12
Collaboration	14
Team Building	17
Organizational Barriers	18
 CHAPTER THREE: ACCOUNTABILITY AND SHARED DECISION MAKING	 20
Nursing Demographics	20
Other Factors	21
Baby Boomers	23
Generation X	24
Generation Y/Millennials	25
Implications for Nursing Leaders	25
Accountability in Nursing	27
Front line Manager Accountability	28
Shared Decision Making	30
Organizational Barriers	32
 FOUR: COMPETENT AND SUPPORTIVE LEADERSHIP	 34
Leadership	34
Management and Leadership	35
Leadership Within Nursing	37
Learning Organizations	37
Learning Organizations Within Nursing	38
Authentic Leadership	39
Transformational Leadership	40
Current State of Health Care Organizations	41
Organizational Barriers to HWEs	43
 CHAPTER FIVE: RECOGNITION AND EDUCATIONAL SUPPORT	 47
Human Behaviour	47

Physiological Needs	48
Safety Needs	48
Social Needs.....	49
Esteem Needs.....	49
Self-Actualization	50
Educational Support.....	51
Recognition	54
Day-to-Day Recognition	56
Informal Recognition	57
Formal Recognition	58
Performance Reviews	59
Organizational Challenges	60
 CHAPTER SIX: STAFFING.....	 63
Impending Nursing Shortage	63
Adequate Staffing	65
Retention	68
Implications for Managers	69
Organizational Barriers	72
 CHAPTER SEVEN: SUMMARY.....	 75
The Impact on Front Line Managers	76
Next Steps	77
Recommendations for Organizational Changes.....	78
Future Research	80
Recommendations for My Practice.....	82
 References.....	 84
 Appendix: Definition of Terms.....	 95

List of Figures

Figures	Page
1. Conceptual framework of elements necessary to create a healthy work environment.....	8

CHAPTER ONE: THE PROBLEM

Over that last few decades numerous changes and challenges have occurred within health care. Downsizing of organizations in the 1990s due to pressures from the government, financial restraints, increased pressure from the public to provide Canadians equal access to care, and an aging society with complex health issues have contributed to increased stressors on Canada's health care organizations. This restructuring directly resulted in job losses due to downsizing and amalgamation of institutions, reduction of front line managers, funding cuts, and the introduction of multi skilled workers. While the restructuring era was well underway, other factors were also affecting the nursing profession. Nursing moved from a college diploma program to a university baccalaureate degree program for entry level to practice. The outcome was a decrease in the number of seats in nursing education programs, which meant that the aging "experienced" nursing population was not going to be relieved by upcoming "younger" nurses (Canadian Nursing Advisory Committee [CNAC], 2002). Restructuring, reduction of seats in nursing programs, and an aging nursing population indicate a challenging future for the nursing profession. According to the Canadian Institute for Health Information (CIHI, 2010), there are fewer people going into nursing, as the Canadian Registered Nurses (RN) workforce grew by less than 2% each year from 2005 to 2009. The nursing profession is not adequately renewing itself. CIHI (2011) data indicate that there are fewer RNs today than 20 years ago, as in 1992, there were 824 RNs for every 100,000 Canadians, compared to 789 per 100,000 in 2009. It is estimated that Canada will be short almost 60,000 full-time equivalent RNs by 2022 (Canadian Nurses Association, 2009). This is resulting in "labour, supply and demand imbalances, and the workforce

and population ageing” (Koehoorn, Lowe, Rondeau, Schellenberg, & Wagar, 2002, p. 4). The strain on the remaining health care providers is resulting in a health care system that is faced with many challenges including: increased demands, decreased resources, and rapidly deteriorating work environments.

In this constantly changing health care environment, there has been an increased emphasis on evaluating workplaces and identifying what consists of a “healthy” work environment within the nursing profession. It is important to understand the various terminologies which are utilized: quality work environments, healthy workplaces, healthy work environments, and quality practice environments are all used interchangeably. There are many different principles which, when combined, promote and provide healthy work environments (HWE). The Registered Nurses’ Association of Ontario (RNAO, 2006) defines a healthy work environment as “a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes” (p. 13). Professional organizations have developed guidelines that enable and foster a quality work environment for nurses (American Association of Critical-Care Nurses, 2005; Canadian Nurses Association, 2009; RNAO, 2006). Throughout the literature there have also been discussions surrounding “magnet” hospitals and their ability to attract and retain staff and achieve quality patient care and staff satisfaction. Kramer and Schmalenberg (2008) depict some of the qualities that nurses identified as essential for a HWE which include: working with clinically competent nurses, supporting education, positive relationships between the nurse and physician, environment that ensures and values patient care, control over nursing practices, adequate staffing, and support from nursing leaders and managers. It is

important for employers to be aware of what constitutes a HWE, and ensure that there are stratagems in place to facilitate and build these environments.

Within health care organizations, the front line clinical managers' position is seen as an influential and crucial role. They have the ability to motivate, support, influence, and change work environments. This role is an essential link within organizations in creating positive HWEs, which ultimately increases recruitment and retention, productivity, and patient safety within health care organizations (Kramer, Maguire, & Brewer, 2011; Kramer, Schmalenberg, & Maguire, 2010; Laschinger Finegan, & Wilk, 2011; Laschinger, Wong, & Greco, 2006; Lewis & Malecha, 2011; Maiden, 2010; McGillis Hall, Doran, & Pink, 2008; Needleman et al., 2009; Ritter, 2011; RNAO, 2006; RNAO, 2007; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Weberg, 2010; Wieck, Dols & Landrum, 2010; Zori, Nosek & Musil, 2010). The front line clinical manager is a direct link in organizations between management and employees. They have the ability to facilitate organizational goals and outcomes as well as impact work environments by decreasing stress and increasing communication, job satisfaction, and patient safety (Shirley, 2006).

Change is an important concept to include when discussing HWE. It is important to understand how change is adopted and transformed within organizations. Morgan (1986), an organizational sociologist, provides a classical interpretation of organizations as a series of metaphors. His management and organizational theories utilize metaphors to help describe ways that organizations function and adapt to change. Morgan uses a metaphor to describe how organizations are like organisms constantly changing, evolving, and adapting. His work describes how there is a need to understand

organizations and focuses on the human influences within organizations. Organizations are seen as systems that are open and interact with their environment and “individuals, groups and organizations have needs that must be satisfied” (Morgan, 1986, p. 44).

There is a holistic approach to organizations and the groups of individuals working within them. As we think of Morgan and his metaphor of “organizations as organisms” that are constantly changing and evolving, we could assume that change is an accepted concept. The nature and needs of organizations are changing dramatically, and therefore organizations need to adapt and adjust to this rapidly changing environment. This requires front line clinical managers and other leaders within organizations to have knowledge and expertise in change management. In order for organizations to move forward with changes, front line nurse managers must understand the complexities of the health care environment, include front line staff, and ensure the change is meaningful and can be sustained (Bridges, 2003).

Combined with the complexities of the health care environment is the rapid reduction of front line managers in Canada. Restructuring in the 1990s led to a dramatic reduction of front line managers and nursing leaders (CNAC, 2002; Shamian & El-Jardali, 2007; Shirley, 2006), and this trend is clearly continuing at an alarming rate. In the province of Ontario, only 5.8% of nurses practiced in an administrative position during 2010 (CIHI, 2011). When compared to the national average of 6.9% in 2006, clearly Ontario is falling short (CIHI, 2011). In 2011, CIHI reported the average age of administrators as 49.8 years, and there is a decrease in manager positions by 2.3% across Canada and 1.6% in Ontario over the past 10 years. These statistics clearly identify the aging population of nursing administrators and the potential for further losses due to

retirement. These statistics on the average age of nurse administrators coupled with the clear decrease in manager positions is distressing. It is clear that organizations need to support and facilitate work environments that will continue to recruit, retain, and invest in the future of these valuable administrative roles. The CNAC (2002) recommend, that nurses need direct contact with front line managers. They also identify the manager should be a nurse with strong leadership qualities. Nursing leadership is crucial for the development, support, and respect of nursing. “Essential to leadership is a process of involving people, gaining their commitment, and energizing them to participate in the tasks related to achieving mutual goals” (Hibberd, Smith, & Wylie, 2006, p. 370). The front line clinical manager role is fundamental within health care organizations due to the direct influence this role has in impacting quality of care, patient safety, and staff retention; therefore organizations need to invest in these roles.

The damage health care received during the restructuring era has left nursing with unhealthy work environments. Nurses today are no longer willing to work in these conditions. If changes are not facilitated, our health care system is in grave danger. Nurses will eventually leave the profession due to: poor or unsafe conditions, increased patient to nurse ratios, decreased retention and recruitment, decreased satisfaction, burnout and fatigue (Altuntas & Baykal, 2010; Kramer et al., 2011; Laschinger et al., 2011; Laschinger, Wong, & Greco, 2006; Lewis & Malecha, 2011; Mays, David, & Stevens, 2011; McGillis Hall et al., 2008; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Weberg, 2010; Zori et al., 2010). If nurses continue to work in these unfavorable conditions they will leave the profession. This will have a critical impact on patient care, and patient safety will be at risk. There are many studies that demonstrate

the negative impact unhealthy work environments have on patient care (Altuntas & Baykal, 2010; Mays et al., 2011; RNAO, 2006; Weberg, 2010; Zori et al., 2010). Nurses are demanding action, and therefore the professional bodies have set forth guidelines to improve the work environments (American Association of Critical-Care Nurses, 2005; Canadian Nurses Association, 2009; RNAO, 2006). Many of the guidelines contain recommendations based on the best evidence available to improve and create healthy work environments. However, there are no tangible aids or tools that can be utilized to transfer these theoretical concepts and knowledge into practice. In light of the crucial role that front line nurse managers play in creating healthy work environments, there is a need to provide tool kits and educational packages to assist them in facilitating the positive changes which are necessary. Therefore, it is imperative that all available resources are utilized to assist in creating HWE. Nursing practice environments must change in order to facilitate competent and supportive leadership, collaboration, and excellent quality care. Healthy workplaces offer a standard that should be achieved, not just worked towards. Nursing needs to elevate to the forefront of organizations and demonstrate leadership to facilitate positive changes to improve work environments.

Purpose of the Project

The purpose and primary objective of this research project is to develop some clear recommendations that front line managers and nurses can use as “tools or kits” to use in creating healthy work environments. The literature review confirmed concepts and frameworks of how a HWE could be created through: collaborative practice, accountability, adequate staffing, competent and supportive leadership, shared decision making, recognition of excellence in practice, and providing supportive opportunities for

education (Kramer, Maguire, & Brewer, 2011; Laschinger et al., 2011; Maiden, 2010; RNAO, 2006; RNAO, 2007; Ritter, 2011; Sherman & Pross, 2010). The focus of this research is to investigate and understand what organizations and front line managers need in order to be successful at developing, creating, and sustaining HWEs within organizations, specifically the nursing profession.

Key Elements of HWEs

Figure 1 provides an overview of a conceptual framework of the key elements necessary to create HWEs. It also depicts the roles and responsibilities within organizations such as the front line clinical manager, the nurse, and at the center is the patient. This diagram illustrates a hierarchical structure with multiple roles. The outer grey section represents the organization, which has missions, values, goals, strategic plans, and corporate initiatives. Information and communication from this level flow one way, from the top down. There is not two-way communication; therefore, many of the initiatives from the organization are mandatory. Organizations rely on front line managers to implement and communicate strategic plans or initiative to the nurses. The front line manager has numerous responsibilities and expectations. Front line managers have accountability and responsibility not only to the organization but also to the nurse and patient. This role is the middle section or “glue” of organizations. The nurse is the direct care provider and has accountably to provide safe care to patients. Nurses rely on front line managers for leadership support and to provide a safe practice environment. The patient is at the center, and he or she relies on the nurse, the manager, and the organization to provide safe, competent care.

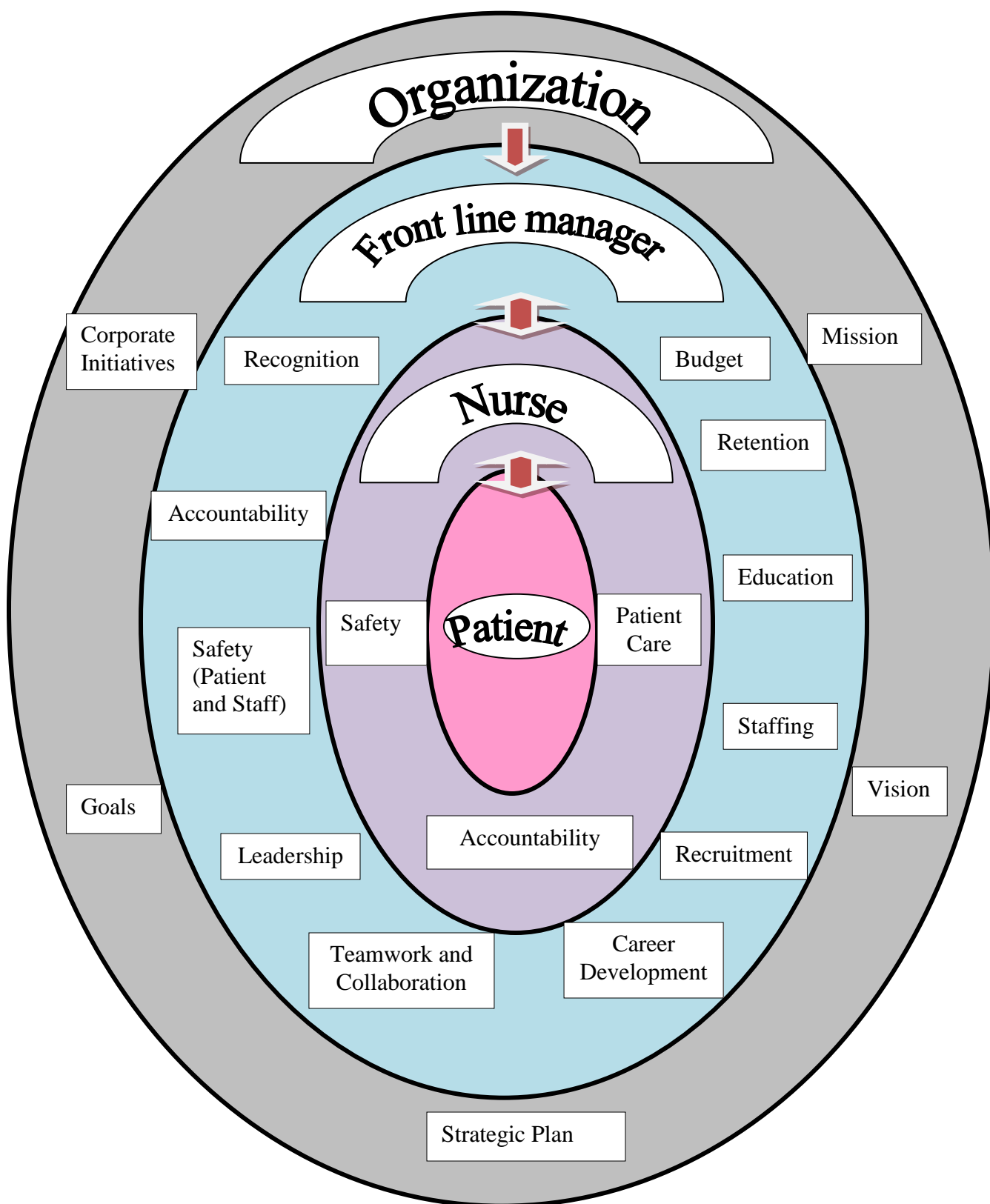


Figure 1. Conceptual framework of elements necessary to create a healthy work environment.

Literature Review

A comprehensive literature review was conducted using the electronic databases of CINAHL, MEDLINE, and OVID. The key search terms used were: healthy work environment, healthy workplaces, workplace, quality work environments, and quality practice areas. Other search terms included: nurse manager, nursing management, nursing leadership, job satisfaction, recruitment, and retention. To narrow the search, inclusion criteria were established to include all English language full-text articles from 2002 to present. The rationale for this time frame selection was to ensure the literature could be relevant and applicable to Canada's current health care system pressures. Professional nursing websites were explored for relevant references, including the Canadian Nurses Association and Registered Nurses' Association of Ontario. Websites external to Canada were explored for relevant references including, American Association of Critical-Care Nurses, and The Centers for Disease Control and Prevention (CDC). Finally, a search for unpublished studies and grey literature was undertaken using Google and Google Scholar.

Definitions of the common terms used throughout this paper can be found in the appendix.

CHAPTER TWO: TEAMWORK AND COLLABORATION

This section will include an overview of research on teamwork and collaboration to gain greater understanding of the impact collaborative relationships have on how teams function. Discussions will include the overall benefits of effective teams and collaborative relationships within health care and will include strategies front line managers could utilize to improve teamwork and collaboration.

Teamwork

Hospitals are complex systems with numerous practitioners working together to optimize the patients' health. Nursing is a profession that works 24/7 with a variety of 8-, 10- and 12-hour shifts. They are the only health care practitioners (HCP) providing direct care to patients around the clock. Nurses have a holistic approach to patient care, ensuring that their spiritual, mental, social, and physical needs are addressed. In order to ensure the patients' needs are met, nurses are required to interact and communicate with numerous other HCP. These interactions include, but are not limited to, nurse-to-physician, nurse-to-nurse, nurse-to-patient, and nurse-to-family. Therefore, it is imperative for health care organizations to facilitate these interactions and build relationships between HCPs to create HWEs.

Within health care, teamwork is paramount. Teamwork is a broad term which is defined as "something that exists any time two or more people are working together with a shared purpose" (Clements, Dault, & Priest, 2007, p. 28). When applying this definition to health care, teamwork relates to every practitioner working together to meet their patients' needs, with the common goal of improved patient outcomes. If we consider the relationship between the nurse and physician, it is important to understand

the teamwork that is required. The physician orders the necessary interventions and/or treatment for the patient. The care plan is communicated to the nurse, who is then responsible to ensure these orders are carried out. This is an example of how each member is working interdependently towards a common goal. The nurse and physician understand these goals are accomplished best by mutual support, respect, and communication. In order for this teamwork to occur between HCPs, each member must understand how they fit into the team. There needs to be a clear understanding of what skills, knowledge, and expertise each member is able to offer. Each person must be valued and acknowledged as unique (Bethune, Sherrod & Youngblood 2005; DiMeglio, et al., 2005). In order for this to occur, there must be open conversations between team members so that sharing of ideas and knowledge occurs. In health care, teams include multidisciplinary practitioners; therefore, it is important for all team members to have an understanding of their roles and the roles of other HCPs. Schmalenberg and Kramer (2008) discuss how building relationships between HCPs helps achieve patient and organizational goals.

As nursing is not the only profession to care for patients, it is imperative that there is open communication with the other HCPs when developing plans of care. Studies have linked the impact of nurse–patient ratio and multidisciplinary teams to patient safety and outcomes (Kramer et al., 2010; Shamian & El-Jardali, 2007). This research solidifies the importance of multidisciplinary teams within institutions. Multidisciplinary teams have shared expertise, shared decision making, and shared planning, which facilitates a holistic approach to care and ultimately improves the quality of patient care (Clements et al., 2007; RNAO, 2006). Each team member needs to be aware of the common goal as

well as be cognizant of each team member's diverse perspectives, expertise, responsibilities, accountabilities, and roles. This results in teams that are able to communicate effectively to optimize patient care. When teams work together with a common goal, effective decision making and a sense of accomplishment can be achieved (RNAO, 2006).

Communication

Building effective teams involves active, ongoing communication. In order for teams to have open communication, everyone needs to understand the goal. Teams need to have a thorough understanding of everyone's role and expectations. This creates an environment where everyone within the team feels a sense of ownership and accountability. Team members are aware of the expectations and goals, and there is active participation, communication, and sharing of information (Laschinger, Wong et al., 2006; RNAO, 2006). Respectful environments are created, individuals feel empowered, and shared decision making occurs.

Communicating effectively is necessary for teams to be successful. Open communication between HCPs fosters a trusting and open environment that is respectful. This leads to nurses feeling empowered, motivated, valued, and having improved job satisfaction (Kramer et al., 2011; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Wieck et al., 2010). Effective communication includes active listening, sharing of information, respect, and trust (RNAO, 2006). Many teams in health care are brought together by the common goal of patient care. However, these teams have had little or no education on the principles and attributes of teamwork. There is a need to develop teamwork training programs to facilitate ongoing effectiveness, respect, and cooperation

within health care teams. Studies have demonstrated increased patient safety, job satisfaction, retention and recruitment, and communication when team training sessions on teamwork were completed (DiMeglio et al., 2005; Kramer et al., 2011; Maiden, 2010; Ritter, 2011).

There are numerous studies that identify the important role front line managers play in influencing and engaging teams to achieve HWEs through increased collegiality and interdisciplinary team cohesiveness (Laschinger et al., 2011; McGillis Hall et al., 2008; Needleman et al., 2009; Ritter, 2011). With the emphasis on the front line manager, this is a significant concern, because a baccalaureate degree does not prepare nurses with this education or skill. Therefore, it is up to organizations to invest in future nurse managers. Stichler (2008) discusses the need for nursing leaders to be educated “on how to build effective teams, translating the organization’s vision into real tangible design solutions and how to elicit staff’s ideas for improvement” (p. 317). This can be done by providing educational opportunities for workshops, mentoring sessions with senior leaders, formal or informal leadership training, and providing resources such as networks and coaching. Once front line managers have the necessary education, resources, and skills, they will be able to determine what is working and what isn’t and work on strategies to rectify (Kramer and Schmalenberg, 2008; Kramer, Schmalenberg, & Maguire, 2010).

Front line managers have a complex role which requires not only managing the day-to-day activity of the department but also demonstrating leadership behaviours. Some important leadership behaviours include “modeling the way” by demonstrating mutual respect and instilling team values (Kramer and Schmalenberg, 2008; Kramer et

al., 2010). In order for clinical managers to support their teams to develop, they need to have an understanding of each team member's strengths, skills, and challenges so that they can utilize the diversity of each team member to enhance the team's function. This can be facilitated by having individual meetings with staff to gather information on everyone's needs, goals, and expectations so a plan can be formulated to create common goals. Once consensus has been achieved and common goals are developed, team members will feel respected, valued, and are engaged in moving the team towards the common objective (Kramer et al., 2011; Wieck et al., 2010).

Collaboration

Collaboration is a term that is used frequently in the health care setting. Graham and Barter (1999) define collaboration as a process where two or more individuals work together to build consensus on common goals, approaches, and outcomes. By utilizing this definition and transferring it to the nursing profession, collaboration can be characterized as the work between nurses, nurses and their managers, physicians and nurses, and other HCPs and nurses. Is collaboration the same as teamwork? It is interesting to note that many times collaboration and teamwork are used interchangeably. Although they have similar definitions, it is important to note the different attributes of each. In order to have increased collaboration, there needs to be teamwork present. If we use the analogy of building blocks, teamwork is the first necessary block. This provides a strong foundation which can be built and expanded upon to create collaboration. Essentially, if you have a strong team that works well together, collaboration is the mortar which congeals and solidifies the structure.

Many times the terms “collaboration” and “teamwork” are utilized within workplaces, yet they are rarely put into practice. Within health care, patient care is becoming more complex. It is imperative that HCPs work effectively as a team to complement each other’s strengths so that the patient’s care can be optimized. Therefore, there is a need for all practitioners to have basic knowledge and education on the key attributes of collaboration. Many studies have linked increased job satisfaction, patient safety, and patient outcomes to collaborative relationships between HCPs (Altuntas & Baykal, 2010; Bentley, 2010; Laschinger, Wong & Greco, 2006). Collaboration is a term that is vague and difficult to describe. Collaboration is about working together, sharing ideas and decision making to achieve goals. Therefore, in order to collaborate there must be a goal and willingness for individuals to work together.

Health care organizations are complex. Many times there is a lack of collaboration due to the hierarchical structures within these institutions. One of the hierarchies in health care is between nurses and physicians. For years, nurses worked side by side with physicians to care for patients; however, there was not always respect and shared decision making. Nurses were expected to carry out physicians’ orders and have no input into the patient’s care plan. This created unhealthy work environments where nurses had decreased job satisfaction, burnout, and were leaving the nursing profession (McGillis Hall et al., 2008). Many organizations have developed processes and policies to ensure that all employees are treated with respect and that trusting professional relationships can be built and supported. Establishing and reinforcing a zero tolerance policy for disrespect is a strategy often employed within organizations (Lewis & Malecha, 2011). By utilizing and establishing code of conduct guidelines, organizations

can educate employees on strategies and guidelines that assist in creating a respectful, autonomous, and productive work environment which will lead to improved patient care. Strong management and leadership can create and maintain a culture of respect and trust. Front line managers need to be present in their departments and accessible to staff. An “open door policy” is important to build relationships with staff which encourage trust and respect. This will result in a department that feels supported, empowered, and valued (Schmalenberg & Kramer, 2009; Wieck et al., 2010).

Organizations such as hospitals need to improve the lines of communication. This can be done by developing committees with representation from all health care professions. It is important to ensure that dedicated time is secured for the development of committees. Front line managers need to have the flexibility to support nurses to attend and participate in hospital committees. These teams will encourage input from expert frontline nurses, physicians, nutritionists, physiotherapists, and social workers to facilitate empowerment and increase awareness of the organizational goals (Kramer et al., 2011; Kramer et al., 2010; Needleman et al., 2009; Schmalenberg & Kramer, 2009). When there is participation and cooperation, individuals have an opportunity to listen and be listened to. They have invested time together to share information and knowledge, develop a shared plan, and mutual respectful relationships are attained (RNAO, 2006). The outcome is a work environment that is: collaborative, respectful, and rewarding. A report by the Canadian Policy Research Network (2002) recommends organizations need to break down the hierarchical structures and involve employees at all levels to create trusting, collaborative teams (Koehoorn et al., 2002).

Team Building

Many studies have demonstrated the positive effects of teamwork and collaboration, including individuals feeling empowered, motivated, respected, and valued, which leads to improved job satisfaction and increased retention (Kramer et al., 2011; Schmalenberg & Kramer, 2009; Wieck et al., 2010). The front line clinical manager plays a significant role in creating and supporting teamwork and collaboration among HCPs. It is important to note that there are some skills that front line managers must acquire in order to facilitate this work. Front line managers must acquire skills such as: adaptability to a rapidly changing, chaotic environment, ongoing open communication, relationship building, collaboration, and team building skills (Huston, 2008). Therefore, there is a need for organizations to ensure front line managers have education on how teams function as well as how to build effective teams and collaboration (Altuntas & Baykal, 2010; Needleman et al., 2009). This provides front line managers with the valuable skills necessary to create and facilitate teamwork and healthy teams, which can then be shared with employees. DiMeglio et al. (2005) discussed the effective use of 4-hour workshops where front line nurses received education on team building and collaborative processes. The results of this study demonstrated increased group cohesion, practice environments that were respectful, had open honest communication, increased accountability, a sense of belonging, and an environment that accepted feedback and positive role modeling. When front line nurses are included in building effective teams, there is increased accountability and ownership. In order to support HWEs, staff and management must work together to develop policies,

guidelines, team expectations, and norms where staff can be held accountable for their actions and behaviours (Lewis & Malecha, 2011).

Organizational Barriers

Within organizations, it is important to understand the historical underpinnings of how they function. Many health care organizations have hierarchical structures where each level is subject to control by the level above it. Responsibilities within each level of the hierarchy are clearly delineated, and each level has its subdivision to supervise and manage. Front line managers are one of the management levels within these hierarchical structures. This form of hierarchical structure is often referred to as a bureaucratic-managerial model, where there are leaders who have a position of power or rank within an organization (Foster, 1989). Within health care organizations, hierarchical structures and bureaucracy can become barriers to teams, teamwork, communication, and collaboration. As information is usually disseminated from the top of the hierarchical structure downward, it is not fully available to all individuals within the organization at the same time. Therefore, it is the individuals with authority and power in organizations who are the keepers of the information. This poses a challenge for individuals working in organizations, as they never see the full picture and understand how decisions made at one end of the organization will affect or impact the other end of the organization. Although many hospitals have been influenced and managed under bureaucracy, it is important for front line managers to be aware of the challenges within these hierarchies. There are opportunities within organizations to build relationships and engage teams in the vision (Needleman et al., 2009). Therefore, it is the role of the front line clinical manager to attempt to flatten the hierarchical structure by having increased

communication and building inclusive, effective teams. Building relationships and developing communication is important in any leadership role. When leaders communicate effectively and openly share information, their followers experience greater levels of satisfaction.

Within organizations there are cultures and subcultures. In organizations, these cultures are a combination of the individuals' experiences, strengths, weaknesses, education, values, and philosophy. Organizational culture is a concept of importance because it defines how individuals within a group have influence. It is important for front line managers to understand the cultures within their groups because, "once cultures exist, they determine the criteria for leadership and thus determine who will or will not be a leader" (Schein, 1992, p. 15). It is important for front line managers to know and understand the culture of the individuals and teams they manage. This helps leaders have a deeper understanding of cultures and "what goes on in them but even more importantly, identify what may be the priority issues" (Schein, 1992, p. 5). By taking the time to ask questions, listen, and communicate with teams, front line managers will have the opportunity and ability to understand their beliefs and assumptions. Asking questions and listening to concerns helps teams build trust in their leaders and also results in increased credibility of the leader.

CHAPTER THREE: ACCOUNTABILITY AND SHARED DECISION MAKING

This chapter provides a review of the literature that focuses on national and provincial statistics of the average age of the registered nurse (RN) and will demonstrate the predicted nursing shortage of RNs in the next decade. The review will also include information about the three main generations currently working in nursing. It is important for front line managers to understand how the various generations are motivated so they will be engaged and remain in nursing.

Nursing Demographics

It is important to understand the demographics of the nursing profession in order to comprehend the impact of the potential shortage of nurses in the next decade.

In Canada

The Canadian Nurses Association (CNA) predicts that Canada will be short almost 60,000 full-time nurses by 2022. In 2010, the average age of a Canadian RN was 45.4 years of age (CIHI, 2011). This is an increase of 0.5 years from 2006. A national study by O'Brien-Pallas et al. (2003) reported that between 30% and 42% of nurses in the workforce were 50 years or older in 2001. O'Brien-Pallas et al. also discussed that the average age of retiring Canadian nurses was 56 years, with many considering earlier retirement. The Canadian nursing workforce is aging. These statistics are relatively constant, as the CIHI database demonstrated that in 2010, 40.3% of the nurses were over 50 years of age and 25.5% of RNs were 55 years of age or more and eligible for retirement (2011).

In Ontario

According to the CIHI statistics, the nursing workforce accounts for more than half of all the health care workers in Ontario (CIHI, 2003). Nurses working in Ontario are older than their Canadian cohorts. The average age of a nurse working in Ontario is 46.5 years of age (CIHI, 2011). This is an increase from 2002, when the average age was 44.8 years of age (CNO, 2012). The percentage of Ontario nurses who are over 50 years of age is 42.9 (CIHI, 2011). This statistic confirms that Ontario nurses have a higher average age and there is potential for further losses in the workforce due to retirement. Another startling statistic is the number of nurses within Ontario who are no longer working within nursing. The number of nurses who were employed in non-nursing jobs in 2012 was 4.9%, which had increased from 3.0% in 2011 (CNO, 2012). With the aging population of nurses and the goal of early retirement at age 55, nursing faces an “uphill battle.” Imminent retirements, coupled with nurses working in non-nursing employment, demonstrate that Ontario may be in a workforce crisis sooner than the rest of the Canadian provinces.

Other Factors

In Canada, nursing has moved from a college diploma program to university baccalaureate degree program entry level. This has eliminated many individuals who would have gone into the college programs and has restricted the number of seats in nursing programs across Canada. There are fewer people going into nursing as the “Canadian RN workforce grew by less than 2% each year since 2006 to a total of 268,512 RNs in 2010” (CIHI, 2011, p. 16). The entry level to practice requirements for the nursing profession has increased substantially. This has negatively impacted and added

to the current nursing shortage. According to CIHI data, 57.7% of all RNs across Canada hold diplomas (CIHI, 2011). This demonstrates that the majority of Canadian nurses are still diploma trained. This suggests that degree-trained nurses may not be remaining in nursing or that recruitment has not kept pace with retirements and individuals leaving the nursing workforce.

There is a plethora of literature identifying the ongoing concerns in retaining one of the largest workforces in health care. Many authors have identified that there is a high percentage of nurses who are dissatisfied with their jobs and intend to leave their current positions and/or the nursing profession entirely (Bentley, 2010; Laschinger, Leiter, Day, & Gilin, 2009; Laschinger et al., 2006; Weberg, 2010). These are major barriers for nursing and contribute to a downward spiral which perpetuates unhealthy work environments. The CNAC (2002) reported that many nurses leave the profession within the first 2 years of practicing. This signifies a need for nursing leaders to take action and develop strategies to ensure these future nurses are being nurtured, mentored, and continue to stay in this valuable profession.

With the aging demographics of the nursing profession in Canada, the nursing shortage predictions, and the difficulty recruiting and retaining front line nursing staff, strategies need to be developed to maintain HWEs and keep nurses in the workforce. Although the average age of a nurse in Canada is 45.4 years, it is imperative to understand there are multiple generations working within the nursing profession. CIHI (2011) statistics demonstrate that 54.8% of nurses in Canada are 45 years of age or older, 33.4% are between the ages of 30 and 44, and 11.8% are under the age of 30. This identifies that the Canadian nursing workforce is made up of three main generations

which include the Baby Boomers, Generation X, and Generation Y/Millennials. Due to the diversity and differences of each generation, it is important for front line managers to understand that staff may hold different attitudes, beliefs, work ethics, and job expectations. It is important to understand each generation's needs, expectations, motivators, and viewpoints. Developing awareness, understanding, and knowledge of the various generational differences are successful strategies to assist front line managers to increase understanding, respect, satisfaction, retention, and accountability within multigenerational nursing teams (Lavoie-Trembly et al., 2010).

Baby Boomers

Members of this generation were born between 1946 and 1963 (Lavoie-Trembly et al., 2010). They constitute the largest percentage of the current nursing workforce (O'Sherman, 2008). Members of this generation usually define themselves by the work they perform: by their profession. They have very strong work ethics, enjoy taking charge of situations, and are synonymous with doing whatever is necessary to "get the job done." This can include working overtime, long hours, staying late, or coming in early to complete the work. They have a strong sense of pride and are very interested in maintaining positive relationships (Hahn, 2009). They are committed to their jobs, and this is evident by their years of service to one company/organization. Nurses within this generational category usually have worked in the same hospital since they graduated and generally do not move from unit to unit. They are a valuable resource to other nurses and usually hold charge nurse positions or other informal leadership roles within their units. Individuals in this generation are very loyal and driven; however, they are usually not very open to feedback and can be very judgmental and critical when new ideas are

presented (Hahn, 2009). Because of the large numbers of people within this generation and their strong work ethic and dedication, they have been considered one of the most influential generations in the work force (O'Sherman, 2008). Many of the individuals in this generation are beginning to reach the retirement age, and it is projected there will be a significant loss of knowledge from the nursing profession as they begin to retire.

Generation X

Within this generation individuals are born between 1964 and 1980 (Lavoie-Tremblay et al., 2010). This is the second largest generational group currently within the nursing workforce (O'Sherman, 2008). Members of this generation do not identify themselves by their profession; it is just one aspect of who they are (Jovic, Wallace, & Lemaire, 2006). These individuals are very interested in establishing a work/life balance and are driven by opportunity, autonomy, independence, and diversity (Hahn, 2009). They are not committed to one particular profession or job, and because they are accepting of change, they may also change professions and/or jobs throughout their lifetimes. In nursing these individuals do not see value in seniority within an organization and may seek employment at other organizations if there are better opportunities such as daytime hours or closer to home which will improve their home life. Within the nursing profession many of these nurses worked part-time as their children were growing up so they had the flexibility to manage all aspects of their lives and find balance (Hahn, 2009). They are motivated by opportunities for development and growth within their profession. Many individuals may return to school to continue their education to open up further job and career opportunities, which usually include better hours, more money, and more autonomy.

Generation Y/Millennials

This generation was born between 1981 and 2000 (Lavoie-Trembly et al., 2010). This is the upcoming future of the nursing profession. They are known for their high productivity and creativity within the workforce. This generation is very technologically savvy, as they are the first generation to be fully integrated into the digital world (Hahn, 2009). Nurses in this generation are very interested in e-charting and how electronics can improve the communication and quality of work life. They are very optimistic, resourceful, and have high levels of self-confidence due to the continued parental support and involvement they received during their upbringing (Hill, 2004). This generation is considered the next influential generation due to the sheer number of people within this age group (Hill, 2004). It is projected that over the next 20 years they will become the largest generation in the nursing workforce (O'Sherman, 2008). Therefore, it is of the utmost importance to ensure there is adequate support, mentorship, and respect within the workforce to grow and mentor this next generation of nurses.

Implications for Nursing Leaders

The role of the front line clinical manager is instrumental in connecting and motivating all of these diverse generations of nurses. One challenge for front line managers is how to keep all generations satisfied, motivated, and productive within the workforce. This is increasingly important with the impending nursing shortage and ongoing challenges of retaining nurses within the nursing profession. Hill (2004) discusses how front line managers need to have flexibility and ensure that the needs of each generation are being met. One example to demonstrate flexibility is in how managers communicate to front line nurses. With multiple generations of nurses working

within health care organizations, it is important to consider how effective communication occurs. Generation Y/Millennials may be very interested and open to receiving electronic memos or e-mails as forms of communication, while the Baby Boomers and Generation X may prefer to have face-to-face communication, meetings, or newsletters. Therefore, it is important for front line managers to be aware that “one strategy does not fit all.” Although each generation has different expectations regarding employment, it is evident that strategies need to be in place to recruit and retain nurses from all generations. Canada is in the midst of a nursing shortage due to aging nurses, decreased enrolment into nursing programs, and nurses leaving the profession due to burnout or to pursue a different career (Altuntas & Baykal, 2010; Laschinger et al., 2011; Lewis & Malecha, 2011; Maiden, 2010; Wieck et al., 2010). Therefore, it is important to understand the current work environment so that front line managers can strategize and incorporate best practice guidelines to improve work environments which will assist in recruiting and retaining nurses.

It is important for managers to understand, accept, and embrace the differences within each generation. This will assist the manager to develop awareness within nursing teams. Hahn (2009) describes how this can be done by having open conversations and education on multigenerational differences. This provides a safe, open forum to discuss generational differences and increases awareness. Once nurses are aware of each other's strengths and abilities, then professionalism, support, and respect will develop. Understanding various viewpoints allows for nurses to develop new ways of thinking, problem solving, and ultimately increases collegiality, respect, and accountability among nursing teams (Hahn, 2009). Although the differences within each of the generations

have been outlined, it is also important to understand there are also commonalities.

Nurses are a highly educated professional group and are accountable to themselves, their profession, and their patients. They want to feel valued, respected, and recognized for a job well done.

Accountability in Nursing

The College of Nurses of Ontario (CNO) defines accountability as being a responsible practitioner who is practicing within legislative requirements and following the standards of practice (2006). The CNO illustrates how nurses are responsible for their actions and decision making, as well as for any consequences of those actions. Registered Nurses and Registered Practical Nurses are professionals and are accountable for their practice. Nurses are responsible to ensure that they are competently practicing within the standards set out by their governing bodies and colleges. It is all nurses' responsibility to work and practice within their knowledge base and skill set. Accountability is not limited to practice and competencies; it also includes being respectful as well as advocating and facilitating the best possible care and patient outcomes (CNO, 2006). Therefore, it is important for nurses to be analytical and reflective so they can recognize their capabilities and knowledge and work on areas which may need further development (RNAO, 2006).

Although there is autonomy within nursing, nurses do not work in silos. Within large health care institutions, nurses may work with multidisciplinary professionals while caring for their patients. Therefore, accountability within nursing also includes planning and coordinating in order to provide patient care. It also requires nurses to have accountability when there is uncertainty regarding the care plan which may be required

for their patients. For example, if a nurse is caring for a postoperative patient and is unsure of the signs of internal bleeding, then he/she would seek assistance from one of his/her colleagues when necessary to provide competent safe care. It may also require nurses to collaborate with other HCPs to ensure the proper care and assessments are being completed. This can be done by consulting with surgeons or physicians, nursing colleagues, or accessing evidence-based best practices (RNAO, 2006). Every nurse is responsible to seek assistance or education when necessary to maintain competency.

Front Line Manager Accountability

Within health care organizations, front line nurse managers are first and foremost nurses. Therefore, they are governed by the same legislation and standards of practice. As health care organizations have hierarchical structures, the front line clinical managers are one of the tiers within this structure. They are the link and bridge from upper management to the front line nurse and vice versa. With this role there is added responsibility and increased accountability. Front line managers are not only responsible for their own practice but also hold 24-hour accountability for the management of their unit/units within their organization (CNO, 2006). This includes day-to-day budget and operational concerns. They are also accountable for creating safe and healthy practice environments that are supportive and encourage lifelong learning.

In an era where the front line manager's role is continuously evolving, with increased accountability and workload, incorporating and facilitating HWEs seems like a difficult task to master. So how do front line managers understand what nurses need and want to increase job satisfaction, retention, and accountability to facilitate safe delivery of care? The true challenge for front line managers is to engage the current nursing

profession to increase respect and accountability, which will ultimately contribute to and facilitate HWEs. The front line clinical manager plays an essential role in ensuring nurses are provided with adequate orientation and ongoing educational support. This can be provided through in-services, in hospital classroom orientations, as well as preceptors and mentors in the patient care units. This ensures that nurses are provided with the knowledge required by the institution and patient care areas to practice competently. When nurses are provided with the proper orientation to units, and supported with education, they feel valued and empowered (Kramer et al., 2010). This will ultimately increase job satisfaction, provide opportunities for the sharing of knowledge, and increased retention within individual units (Altuntas & Baykal, 2010; Kramer et al., 2011; Needleman et al., 2009; Schmalenberg & Kramer, 2009).

The RNAO (2006) describe nursing as a practice discipline, a profession supported by standards, the education of new practitioners, and the development of new knowledge through the conduct of research, and application of evidence into practice. Nurse leaders and organizations need to provide opportunities for nurses to contribute their expertise and knowledge related to front line care. This can be done by developing committees responsible for establishing standards of practice and developing policies and procedures to improve nurses' work life. This is crucial to enable a learning environment and improve accountability. It provides nurses with a sense of ownership and allows for building communities and sharing knowledge within organizations (Walker, 2001). As nursing is not the only profession within organizations, it is also important to include nurses on organizational and multidisciplinary committees. This will allow for input from front line nursing experts and facilitate empowerment and increased awareness of

the organizations' visions and goals (Kramer et al., 2011; Kramer, et al., 2010; Needleman et al., 2009; Schmalenberg & Kramer, 2009). This in turn permits nurses to have more awareness of organizational strategies and improves accountability for networking and sharing of information.

Shared Decision Making

As there has been an emphasis on evaluating health care organizations and identifying what a HWE consists of, it is important to understand organizations. When looking at health care, there is a movement towards a holistic approach and looking at the needs of the individuals within the organization. It is important to understand that individuals want to succeed and do a good job. When looking at Morgan's (1987) work on organizational theories and "organizations as organisms" he discussed how it is important to understand the needs of individuals within organizations and what motivates them. Morgan discussed how there is a movement towards "making employees feel more useful and important by giving them meaningful jobs, and by giving them as much autonomy, responsibility, and recognition as possible" (p. 42). To facilitate HWEs, organizations need to value and acknowledge each nurse's contribution. Front line managers can value staff nurses by involving them in shaping research-based nursing practice and encouraging and rewarding them for advances in nursing practice. This provides empowerment for the nursing staff, increased accountability, increased job satisfaction, job advancement and growth, and overall an enhanced work environment (Kramer et al., 2010; Walker, 2001).

It is important for managers to understand the power relationship and hierarchical structures which are present within health care institutions (Walker, 2001). Within

organizations leaders are seen as having power; this is referred to as legitimate power (French & Raven, 1959/1993). Legitimate power is achieved and accepted because of the position one holds within an organization. Front line managers have authority and power because of their positions within organizations. In order for front line managers to flatten the hierarchical structures between management and front line nurses, change needs to occur. Managers have access to information and resources within organizations and are the key link to front line staff. By increasing opportunities for front line nursing staff to participate on organizational committees and decision making, multiple benefits occur. "Management provide[s] encouragement to people to direct their creative energies toward organizational objectives, gives them some voice in decisions that affect them" (Vroom, 1974/1990, p. 236). This provides staff with knowledge of the organizational vision and fosters an environment of trust and engagement which studies have demonstrated translates into heightened organizational commitment (Altuntas & Baykal, 2010). Therefore when change is necessary, there is greater acceptance because front line staff have been involved in the decision making (Vroom, 1974/1990).

Investing in nurses is the key to success. HWE can be facilitated when front line managers take the time to understand what each nurse needs in regards to working to his/her full potential. This requires managers to take time and build relationships with front line staff. It is important for front line managers to understand their role in facilitating autonomy, accountability, and shared decision making through coaching and mentoring of front line nurses. Therefore, time needs to be invested upfront so that managers can understand what motivates individuals and where each nurse's strengths lie. Managers can provide opportunities and encourage nurses to initiate and guide

practices within their units, participate on committees, or participate on the development of policies (Reed, Gerhardt, Forsenca, & Robertson, 2009). This empowers nurses to make decisions about their practices instead of being dictated to. When managers understand the concepts of shared decision making and put them in place within units, it is a win/win outcome. There is increased accountability, autonomy, control, and productivity as well as improved patient care and satisfaction (Walker, 2001). This leads to nurses feeling empowered, motivated, valued, and autonomous and having shared responsibility organizationally and within their individual units (Altuntas & Baykal, 2010; Kramer et al., 2011; Kramer et al., 2010; Schmalenberg & Kramer, 2009).

Organizational Barriers

Organizations need to value their largest workforce and provide HWEs to facilitate safe delivery of care. This can be encouraged through leadership and professional development, but it also needs to be supported through an organization which respects nursing. To ensure that organizations are valuing their nursing staff, certain structures should be implemented. There is a need for organizations to be aware of the barriers present which create a lack of transparency. Within organizations communication is a very powerful form of disseminating knowledge and influence. Organizations should endeavor to provide access to information, support, and resources. Organizations should endeavor to provide prompt and effective communication. Organizations should have structures in place to ensure that front line nurses have a voice and can contribute to decisions being made. This will provide nurses with knowledge of the organizational decisions being made and upcoming changes. Policies and procedures

should be implemented to ensure that staff and the public are provided with safe environments and the ability to provide and receive safe, quality care.

CHAPTER FOUR: COMPETENT AND SUPPORTIVE LEADERSHIP

This section will provide an overview of the research on leadership and management. It will include identified skills and preferred leadership styles that front line clinical managers must acquire to perform competently in the health care environment.

Leadership

Leadership is a broad term which describes a process by which a person who holds a position of power motivates or influences individuals to accomplish an objective or common goal. The leader can be in either a formal or informal position. Leadership is about effective communication, active listening, about having a vision and the ability to motivate others (Burns, 1978). Investment in people and human relationships is essential to successful leadership (Burns, 1978; Donaldson, 2006). Therefore, it is important for leaders to invest time in developing relationships with others. This allows for open communication and ensures there is an exchange of information, thoughts, and ideas (Burns, 1978). When this dialogue occurs, individuals feel empowered, motivated, and mutual respect is developed.

Effective leaders mobilize others through “modeling, convening, [and] coaching” (Donaldson, 2006, p. 167). When leaders develop visions, they require buy-in from their employees and stakeholders in order for it to be successful. Therefore, if there is not investment upfront to plan and engage employees and stakeholders, the vision will not flourish (Kotter, 1996). It is important for leaders to be skilled at evaluating and anticipating their followers’ responses and motivators (Burns, 1978). This is why leaders need to invest time in engaging others to understand the vision as well as to understand

their needs, wants, and motivators. This permits leaders to be more successful in moving their vision forward as they have the ability to be more receptive to their followers' needs and wants. Once leaders have engaged, influenced, empowered, and motivated others to initiate their vision, then successful change will occur. Therefore, leadership is the ability to motivate others through change and assist them in coping with that change process (Kotter, 1996).

Management and Leadership

Many times leadership and management are used interchangeably; however, there are significant differences. Management deals with the complexities of practices, procedures, budget, and day-to-day operation (Kotter, 1996). This involves planning and budgeting to achieve targets or goals. It requires developing clear plans and ensuring there are appropriate resources allocated to meet the goals/targets. In order for plans to be implemented, communication must occur. However, many times communication from managers is minimal. "Many managers tend to hold things back rather than communicating honestly and openly" (Capra, 2002, p. 124). It is important to have clear communication and transparent processes so that expectations can be understood by all. Within bureaucratic organizations, information is not fully available to everyone because of the hierarchical structure, and it is the individuals with authority who are the keepers of the information. This is usually the case between a manager and employee. There is usually not a lot of input from employees; managers usually communicate the changes and the plans to implement the changes. Management is about developing a plan and communicating the end point with little or no input from the employees. An example of this would be when there is a decrease of surgical activity on a particular day in the

operating room. The manager would assess the number of surgical cases for that day, would evaluate how many nurses are required for this activity, and would ensure there is adequate staffing for this decreased activity. Therefore, management is more about controlling, planning, delegating, and problem solving (Kotter, 1996).

Leadership in contrast is about developing a vision and leading individuals through change. Leaders gather a vast amount of information and data to “look for patterns, relationships and linkages that help explain things” (Kotter, 1996, p. 117). They have the ability to look beyond the day-to-day operations and are able to develop longer term goals and visions. Leaders develop strategies to assist in motivating and inspiring individuals through the required change so the vision can be achieved (Kotter, 1996). This requires leaders to build relationships and understand the individuals they work with. Engagement occurs when there is open, honest communication and sharing of ideas to move the vision forward.

Building relationships and developing communication is important in any leadership role. When leaders communicate effectively, their followers experience greater levels of satisfaction. There is not one form of leadership style that is ideal or effective for every situation. Therefore, it is important for leaders to understand and have knowledge of the various different leadership styles. With this knowledge leaders can determine how to assess the requirements of a team or individual and then adapt their leadership approach to optimize the outcomes (Hersey & Blanchard, 1982). This provides opportunities for leaders to increase the capability of individuals and teams to facilitate change. Utilizing various leadership styles allows for a versatile and flexible leader who has the ability to keep his/her team engaged and motivated to be successful.

Leadership Within Nursing

Nursing is a unique profession. Nursing leadership is crucial for the development, support, and respect of nursing. When nurses are provided with an environment that provides autonomy and the ability to control their practice, job satisfaction increases. The impact of positive leadership on nurses' job satisfaction has been demonstrated in numerous studies. Throughout the literature there have been numerous studies that link nurses' job satisfaction directly to effective and supportive leadership (Kramer et al., 2010; McClure, 2005). Laschinger, Finegan and Wilk (2009) examined the contextual effects of front line leadership on staff nurse outcomes. They conducted a survey which included 3,156 nurses and concluded that leadership was an important factor for engaging and motivating employees. Tomey (2009) noted that connections among many aspects of the work environment exist within nursing, including job satisfaction.

Job satisfaction is not the only benefit of strong leadership. Studies have demonstrated that strong leadership in a facility provides quality practice environments through: decreased absenteeism, increased job satisfaction, decreased turnover of staff, enhanced morale, and increased quality of care and patient safety (Altuntas & Baykal, 2010; Kramer et al., 2010; Laschinger et al., 2011; RNAO, 2006; Weberg, 2010). This results in organizations that have the ability to provide quality practice, increased patient safety, and the creation of HWEs.

Learning Organizations

Leaders have the opportunity to utilize their power, influence, and resources to build productive teams that engage in continuous learning and inquiry. By working together and sharing their knowledge and expertise, teams can engage in ongoing

learning and sharing of information from and to one another. This is similar to Peter Senge's (1990) work on learning organizations. Senge, an organizational theorist, is known best for his work on learning organizations. He was interested in leveling the hierarchical structures within organizations so all people could work productively towards the common goals of the organization. In his book *The Fifth Discipline*, Senge describes how people within organizations are constantly learning and evolving. He describes a process where a leader engages and motivates individuals to create a shared vision. As individuals within the organization begin to discuss the vision, it gains momentum because of the "process of increasing clarity, enthusiasm, communication and commitment" (p. 227). In this process he describes a continuous impetus where people are engaged, communicating and sharing their views and opinions, in essence continually learning. By sharing and communicating within organizations, "learning with others is a reciprocal process that blends participants' perspectives and experience" (Donaldson, 2006, p. 170).

Learning Organizations Within Nursing

Some hospitals have been successful in achieving organizations which attract efficient leaders who motivate and engage individuals. These organizations are known as "magnet hospitals." There have also been numerous articles written discussing magnet hospitals and the designation of "magnet status" within the United States of America. Magnet status is achieved when health care institutions have successfully met the standards of magnet designation. This certification program requires hospitals to demonstrate key characteristics that are essential to providing excellent care. Some of the key characteristics include: reduced patient mortality rates, increased nurse satisfaction

scores, increased recruitment and retention rates, and links strong front line clinical leadership as an essential component of magnetism and the creation of trust within the workplace (Laschinger, 2007). Magnet hospitals exhibit characteristics that attract nurses who want to work within these organizations. The specific leadership style magnet hospitals strive to achieve is transformational and authentic (Lake, 2002). This is in line with professional organizations such as the RNAO and the American Association of Critical-Care Nurses (AACN) which support HWE frameworks for nurse leaders to utilize transformational and authentic leadership styles.

Authentic Leadership

The AACN supports and recommends that it is imperative for nurse leaders to embrace and engage others through authentic leadership (2005). As the role of the front line clinical manager is so pivotal in creating and fostering HWEs, AACN has identified that authentic leadership is the “glue” necessary to promote these positive environments. Therefore, it is imperative for nursing leaders to understand what characteristics and traits are necessary to become authentic leaders. An authentic leader is an individual who is genuine, reliable, trustworthy, and believable (Shirley, 2006). Authentic leaders are interested in building relationships and getting to know the individuals with whom they work. They are interested in sharing life stories so that communication, trust, and shared meaning can occur among nurses (AACN, 2005). They get involved, develop heart, and are compassionate about the work they do (Shirley, 2006). Authentic leaders are in touch with themselves and are so grounded in how they stand on important issues and values that they are transparent to their followers (Shirley, 2006; Shirley & Fisher, 2008; Upenieks, 2003). Authentic leaders are known for their integrity, and they model

themselves not only by what they say but also through their actions. They are genuine and usually stick to facts which make them more trustworthy. It is important to understand that becoming an authentic leader is more of a journey than a learned skill. It is more about understanding who you are, what you believe in, your core values and beliefs, and requires identifying your strengths, and weaknesses (Shirley, 2006). Magnet-designated hospitals have provided evidence that authentic leadership is effective in creating HWEs through increased recruitment and retention, staff satisfaction, and improved patient outcomes (Lake, 2002; McClure, 2005; Upenieks, 2003; Wong, Laschinger, & Cummings, 2010).

Transformational Leadership

In Canada, the RNAO guidelines on HWEs support transformational leadership for sustaining and developing nursing leadership. Transformational leadership is when a leader inspires and motivates others by providing meaning and challenging the status quo (Burns, 1978). Transformational leaders often stimulate creativity and innovation in others by encouraging inquiry of practices and assumptions and providing opportunities for growth and learning (Burns, 1978). These leaders are interested in building and investing in relationships with others (RNAO, 2006). They often act as coaches and mentors and are interested in developing the individual needs and desires of their followers. This leads to the development of trust, which is foundational for mutual respect. This in turn increases the leaders' credibility with their followers.

Transformational leaders are genuine and see themselves as part of the team. They are motivational and have a way of engaging and attracting followers to achieve common goals and purposes (Burns, 1978). A study by Kermerer (2003) that reviewed behaviours

of leaders in health care identified that nurses confirmed a preference for leadership styles that were relationship focused. The behaviours identified in the study were consistent with the behaviours demonstrated in transformational leadership.

McCutcheon, Doran, Evans, McGillis Hall, & Pringle (2009) recommended that organizations ensure that front line clinical managers are provided with development and training programs that focus on transformational leadership style.

Current State of Health Care Organizations

Throughout the literature, the front line clinical manager is seen as a crucial role to impact and create HWEs (Kramer et al., 2010; Kramer et al., 2011; Laschinger et al., 2011; Laschinger et al., 2006; Lewis & Malecha, 2011; Maiden, 2010; McGillis Hall et al., 2008; Shirley, 2006; Needleman et al., 2009; Ritter, 2011; RNAO, 2006; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Weberg, 2010; Wieck et al., 2010; Zori et al., 2010). Within health care over the last few decades there have been numerous restructuring initiatives which have resulted in a dramatic change in the front line nurse manager role (Sherman & Pross, 2010). Many nursing units were amalgamated and led by managers who didn't have nursing backgrounds (Maiden, 2010). This resulted in non-nursing leadership roles which created a lack of understanding regarding the "work" done by nurses. "Leadership in the context of core nursing values and beliefs is necessary to support the practice of nursing" (Ferguson-Pare, Mitchell, Perkin, & Stevenson, 2002). Recommendations established in 2002 by the Canadian Nursing Advisory Committee (CNAC) support the need for front line managers to be nurses if they are managing units providing nursing care. The CNAC (2002) believes nurses must have contact with front line managers, and in areas where the majority of

staff are nurses, the manager should be a nurse with strong leadership qualities. Nurses need to be supported by leaders who are not only competent in leadership qualities, but also leaders who have clinical knowledge and expertise and have a deep understanding of the nursing profession. When nurses are in leadership roles they are respectful, have an understanding of nurses' concerns, and are able to ensure that work environments are conducive for nurses to practice competently. Nurse leaders and front line clinical managers support nursing staff and enable them to provide safe quality care to patients. Front line nurse leaders have the ability to facilitate policy changes that are considerate of nursing workload, staff/patient ratios, scheduling flexibility, and resource allocation necessary to support nursing. This provides empowerment for the nursing staff, increased job satisfaction, job advancement and growth, and an overall enhanced work environment. Leadership and support by the front line clinical manager is one area that enhances the work environment.

To facilitate HWEs, organizations need to value nursing as a profession. It is imperative for organizations to develop nurse leaders at all levels of leadership, especially senior leadership (AACN, 2005; Kramer et al., 2010; RNAO, 2006; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010). Incorporating nurses as leaders demonstrates that organizations value and respect nursing. "Essential to leadership is a process of involving people, gaining their commitment, and energizing them to participate in the tasks related to achieving mutual goals" (Hibberd et al., 2006, p. 370). This allows for input from nurses at all levels of the organization. When there is mutual respect and knowledge of the profession, it allows for open dialogue and the

exchange of ideas. It is imperative that organizations devote the time and energy to encourage environments that support and sustain nursing leadership (McClure, 2005).

Within organizations there is an increased demand on leaders to be productive and efficient. This requires a leader to be flexible, innovative, and versatile. There are many pressures such as ministry initiatives and financial restraints that result in inevitable changes which leaders must implement. Leaders must utilize various strategies to engage individuals in reform. Some important tools a leader can utilize are: communication, transparency, and various leadership styles. For leaders to adapt to the pressures of today's health care organizations, as well as maintain efficiency in their teams, there needs to be clear and transparent communication. Open, honest communication allows teams to feel informed and knowledgeable about their organization. It provides an opportunity for individuals to discuss their challenges, voice their concerns, and understand the change. Leaders need to be flexible and adapt to various situations. This will result in a leader who has the ability to listen, mentor, motivate, and utilize individuals to their maximum potential.

Organizational Barriers to HWEs

A major barrier to HWE is the lack of nursing leaders. Due to the vicious cycle of health care reform and cutbacks, the numbers of nursing leaders have decreased in the health care system. There has been a decrease in front line manager positions by 2.3% in Canada and 1.6% in Ontario (CIHI, 2011). A report by the CNA (2009) claimed the number of nurses working in front line clinical manager positions in Canada decreased from 13,624 (5.9%) in the year 2000 to 12,868 (5.1%) in 2005. With the decreased numbers of nurses in leadership positions there is increasing difficulty within

organizations to instill and build trusting relationships with the nursing workforce. Therefore, there is resistance to organizational changes, as nurses do not feel engaged or valued. “They need to have access to information, resources, opportunity and support” (Stichler, 2008, p. 317). To facilitate changes, a trusting, respectful relationship must be established. Nurses need to ensure their professional issues and practice concerns are adequately being addressed. Without nursing leadership, these concerns are not able to be addressed. Organizations are becoming aware of the effects of decreased nursing leadership. They are slowly beginning to reestablish and reinvest in nursing leadership roles. However, the issue remains, we are in the midst of a nursing shortage. There is a lack of educationally trained nursing leaders to fill these positions, and organizations need to invest in the nursing leaders of the future. Many articles discussed the importance of frontline clinical managers and the link between these roles and staff nurses’ satisfaction, burnout rates, recruitment and retention, and absenteeism rates (Altuntas & Baykal, 2010; Kramer et al., 2011; Laschinger et al., 2006; Laschinger et al., 2011; Lewis & Malecha, 2011; Mays et al., 2011; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Weberg, 2010; Zori et al., 2010). Stichler (2008) discussed the need for nursing leaders to be educated “on how to build effective teams, translating the organization’s vision into real tangible design solutions and how to elicit staff’s ideas for improvement” (p. 317). This is a significant concern because a baccalaureate degree does not prepare nurses with this education. Therefore, it is up to organizations to invest in future front line nurse managers. This can be done by providing educational opportunities for leadership workshops, mentoring opportunities with senior leaders, and providing resources such as networks and coaching. Organizations need to ensure there

are supports in place for front line managers such as senior leadership mentors and coaches to foster trusting relationships and ensure there are adequate resources available. Resources such as education, peer networking, professional development, and succession planning for all levels of leadership are necessary to build and invest in future nurse leaders. Without this supportive and learning environment, front line nursing leaders will not be able to move forward to create HWEs.

The nurse manager is one of the most crucial team members within organizations. They have the ability to influence and change work environments. In order for nurse managers to enable staff to foster and create a HWE, there needs to be devotion of time, support, funding, and research. This will be a challenge and barrier, as many managers have to divide their time between multiple priorities. This includes managing multiple units/departments, the accountability of the day-to-day functional budget, and the burden of implementing multiple corporate initiatives. However, it has been identified that the health care system cannot continue and be sustained in its current state, so there needs to be a paradigm shift. In order for the shift to occur, there needs to be time devoted to strategically arrange groups and engage others to create HWEs. This would require that leaders of organizations are grounded in the concepts of HWEs. The investment in time will provide an opportunity for learning and growing to occur. There will be sharing of ideas. By providing time for groups to meet and share ideas, a sense of support and trust will be developed. Nurses and front line managers will feel a commitment from the organization. This will lead to trust and respect. The overall effects of this will result in increased job satisfaction, decreased absenteeism, and improved work environments and increased organizational commitment. Once these fundamental structures and supports

have been created, evaluation can occur. Research can be performed within the workplace to determine the effects of leadership development and the direct correlation to improving and implementing HWEs.

CHAPTER FIVE: RECOGNITION AND EDUCATIONAL SUPPORT

This section will provide a review of the current literature to understand human needs and behaviours. This is important for front line clinical managers to understand so they can motivate and support nurses to be satisfied within the workplace. An overview on recognition programs and how education can be supported in order to facilitate improved work environments will also be presented in this section.

Human Behaviour

Throughout the literature, it has been identified that nurses need to have opportunities for education and professional growth as well as recognition for their contributions (AACN, 2005; Kramer et al., 2010; RNAO, 2006). In order to create HWEs, it is important to understand basic human needs and motivation. Abraham Maslow's (1943) hierarchy of needs theory describes human behaviours and motivations. Maslow argues that while people aim to meet basic needs, they seek to meet a sequence of successive higher needs in the form of a hierarchy. There are five levels of needs within his hierarchy which include: physiological, safety, belongingness, esteem, and self-actualization. These groups within the hierarchy of needs start with the low level needs, such as breathing and survival, and move towards higher level needs such as self fulfillment and creativity. Maslow based his theory on the reality that one level of needs must be met before moving on to the next level. In this model, when a need is mostly satisfied, it is no longer a motivator, so the individual moves on to the next level of the hierarchy. Therefore, his theory is based on the assumption that an individual does not feel a higher need until the needs of the current level have been met. For example, an individual must attain the physiological needs such as food, air, and water before they are

able to move on to the next level of safety. Maslow's hierarchy of needs can be a very useful framework for front line managers to utilize. If motivation is driven by unsatisfied needs, then it would be important for front line managers to understand what needs may be unfulfilled and therefore what motivates individual nurses. This would assist managers, as motivation and engagement are both important factors in creating and achieving HWEs. Therefore, by utilizing Maslow's hierarchy of needs as a framework, front line managers can understand how nurses are motivated and engaged within the workplace.

Physiological Needs

The physiological needs are the basic level of motivators within the hierarchy. This section is the foundation of the pyramid structure and identifies the basic needs of individuals, which include breathing, food, water, and excretion. When applying this to the work environment, it is important to ensure that these needs are satisfied. According to Maslow's (1943) theory, if these needs are not satisfied, then an individual's motivator will be to ensure they are met. Front line managers can ensure these needs are met through lunch and rest breaks and providing a paycheck so that food and water can be purchased. Once these lower level needs have been achieved, it can positively influence nurses as they are motivated to move on to the next level of the hierarchy.

Safety Needs

This group of needs includes personal safety, employment security, health, and property. This section is very important within the workplace and critical as a basic requirement for creating HWEs. If nurses do not feel safe in terms of their job security, their morale will decrease. This is extremely important for front line managers to

understand, especially when organizations are restructuring, have financial restraints, and budget cuts. Therefore, front line managers can assist individuals by maintaining open, honest, communication about jobs and cuts during these uncertain times so that nurses feel secure within their jobs. Additionally, if nurses feel that their health and life are not safe at work, then optimal performance will not occur, as their motivator will be to satisfy these safety needs. Nurses need to feel safe and secure at work in order to be productive. Therefore, front line managers need to understand and provide safe work environments in order to satisfy nurses' safety needs.

Social Needs

This level of needs in Maslow's (1943) theory includes the need to belong. It is the first higher level of needs that becomes important once the lower level needs have been met. These social needs include interactions with others, such as relationships with various groups, family, and friends. Within the workplace, front line managers need to build environments that are conducive to collaboration and where individuals can share knowledge. Trust and collegiality are essential within the work environment in order for this need to be satisfied. This can be done through team-based discussions and creating social events such as pot lucks or celebration parties. This can lead to individuals who feel a sense of belonging, which will ultimately increase their job satisfaction, productivity, and retention.

Esteem Needs

This section of the hierarchy includes self-esteem, achievements, self-confidence, and mutual respect. Individuals in this level are motivated by the need for knowledge, a sense of accomplishment, and recognition. When applying this level to the workplace it

is important to understand that individuals in this level have a sense of safety and belonging within their organization. It is now more about the individual finding meaning and purpose within the workplace. They have the need to aspire to achieve, to be appreciated, and have the ability to recognize and appreciate others. Individuals who feel their work is contributing to the greater good and advancement of the organization as well as their career will be highly motivated and productive within their jobs. Therefore, it is important for front line clinical managers to recognize and acknowledge the work of nurses in meaningful ways. This can be done through a formal or informal recognition program that recognizes the accomplishments of nurses and makes them feel valued.

Self-Actualization

This is the highest level of the hierarchy and refers to morale, creativity, openness, and clear mindedness. This level is unlike the lower levels of the hierarchy in that it is the point at which an individual has reached his/her full potential. However, the needs in this level are never fully satisfied, because as individuals grow psychologically, there are always opportunities for growth. According to Maslow (1943), very few people actually make it to this higher level of needs. Within the workplace these individuals are usually in senior leadership positions. These individuals are highly motivated and have a strong sense of justice and wisdom. It is important for front line managers to recognize these individuals within the workplace and provide them with ongoing opportunities so they can grow to their full potential within their careers.

The hierarchy of needs should be a guideline that front line managers use for building HWEs. Maslow's (1943) hierarchy of needs can be a good checklist for front line managers to utilize as a strategy to assist in motivating individuals within the

workplace. The front line clinical manager can directly influence and motivate nurses by providing the right environment. This will assist in the creation of HWEs because, if nurses are motivated, they will be more productive.

Educational Support

Nursing has evolved over the years largely due to the leadership that nurses have demonstrated. They have advanced nursing from handmaiden to professional status through education and the utilization of nursing research. Maeve (1994) discussed two types of nurses, front line nurses in the “trenches” and the academic “high ground” nurses. Higher education through a baccalaureate degree has become the minimum requirement for entry level to practice. Research is widely accepted in academia; however, the front line bedside nurse has been hesitant to utilize research in his/her practice. This is due to multifactorial reasons such as the national nursing shortage, lack of resources within organizations, and lack of understanding on how to utilize research. Many of the current nursing practices are based on personal preference, knowledge transfer from “senior, experienced nurses” to novice nurses, and the comfort level and knowledge of the individual nurse. The majority of the current nursing workforce consists of diploma-trained nurses who are not used to utilizing evidence-based knowledge. In 2010, 61.2% of all RNs across Canada held diplomas (CIHI, 2011, p. 51). Diploma-trained nurses do not receive the formal education and are not trained to utilize nursing research and translate this knowledge into practice. Therefore, organizations need to support education for front line nurses on how to understand best practices and research and utilize this knowledge in their everyday practice. This will assist in

increasing nurses' knowledge and skills and will ultimately improve job satisfaction and patient care.

To provide HWEs, it is essential to have well-trained, competent staff (ACCN, 2005; Kramer et al., 2010; RNAO, 2006). As the health care environment is constantly changing through incorporating evidence-based practices and the advancements in technology, nurses are experiencing rapid changes in their practice environments. There is a continuous need for nurses to adapt to this changing, complex environment. Nurses require ongoing education to maintain competency, stay current with best evidence practices, and grow as a professional. It is important for institutions to value and support nurses in ongoing education. Magnet hospitals provide quality work environments by supporting continued education and professional development (McClure, 2005). Educational opportunities can include unit in-services, job shadowing, e-learning modules and skill-specific learning packages, attending conferences, courses, or formal education programs. If education is valued, supported, and encouraged in an institution, it provides nurses with knowledge and skills that will assist them in providing quality care to their patients. It also increases accountability and initiates new ideas that lead to increased patient safety and improved patient outcomes (RNAO, 2006). Educational support is a major factor to attract and retain nurses (Kramer et al., 2010). This will lead to increased recruitment and retention of nursing staff and will provide a stable work environment. There are various ways that front line managers can provide educational and professional development support to staff. Internal training as well as continuing professional education opportunities could be facilitated not only by paying for the classes but also by permitting staff to have the necessary time away from work. This can

be done through providing flexibility in the schedule as well as through personal encouragement, mentoring, and coaching. The end result is that organizations are gaining more educated nurses, which will generate innovation to enhance patient care and the future of nursing care and delivery (RNAO, 2006).

In order for nursing to grow as a profession, it is essential for nurses to further their education. As nursing has moved from a college diploma program to a university baccalaureate degree program, organizations should encourage diploma-prepared nurses to further their education and attain their baccalaureate degrees. As it requires much time, effort, and courage for nurses to enroll in post diploma education, many organizations could also support staff by offering tuition assistance programs. Front line managers can support nurses pursuing further education by being knowledgeable of where there are financial reimbursement opportunities, both internally and externally, and communicating this information. When there is support from institutions and rewards such as reimbursement, job enhancement, and increased salary there is an increased willingness to pursue education. When utilizing Maslow's (1943) hierarchy of needs as a framework, this would fit into the self-actualization section. Nurses that feel supported, rewarded, and are challenged to achieve their full potential are more likely to achieve self-fulfillment. This results in a win/win situation. Organizations are gaining more educated nurses, and nurses are increasing their knowledge base and have the potential to achieve self-fulfillment. This leads to improved job satisfaction, nurses feeling valued, and an overall enhanced work environment.

Recognition

Within the workplace, there needs to be meaningful recognition for nurses' contribution to the organization (AACN, 2005; Kramer et al., 2010). Recognition and acknowledgement are essential to personal and professional development. Individuals within organization have psychological needs; they come to work to do a good job and want to be recognized for their efforts. Within nursing, studies have demonstrated that many nurses are dissatisfied with the recognition they receive from their front line managers (Kramer et al., 2007; Kramer et al., 2010; Ritter, 2011; Shirley, 2006; Shirley & Fisher, 2008). This lack of recognition leads to poor morale, decreased productivity, decreased nurse satisfaction, and increased turnover (Kramer et al., 2010). These negative effects also lead and contribute to suboptimal patient care.

Magnet hospitals have been successful in creating and sustaining meaningful recognition strategies (Hess, DesRoches, Donelan, Norman, & Buerhaus, 2011; Kelly, McHugh, & Aiken, 2011; Kramer et al., 2011; McClure, 2005). Therefore, it is important to understand and learn how these recognition programs were developed, maintained, and supported. It is important to note that meaningful recognition is an ongoing process that must have a supportive infrastructure so that it can continue to be built and adjusted over time (AACN, 2005). There are various types of formal recognition programs; it is important that they are continuously supported and accessible to all employees in the organization. One example of a formal recognition program involves peer-to-peer acknowledgement. This process requires peers to nominate and recognize their colleagues' accomplishments and contributions through a formal process. Successful candidates would receive a formal congratulations letter, certificate, and

would be recognized in a newsletter to all staff. This is one form of recognition that could be implemented in a small unit, within a program, or corporate wide. It provides an opportunity for nurses to recognize the contributions of their colleagues and the value they bring to their individual units. Organizations can also formally recognize nurses' accomplishments through nursing accomplishment newsletters and distribute them corporately once a year. In this newsletter nurses can be recognized for projects they have completed or participated in, presentations they have made, completion of formal education programs, or positive changes they made to improve patient care or their work environments. This type of recognition establishes a process for individuals within an organization to learn about how the organization values its employees' contributions. Another formal recognition program can be created for significant milestones, such as years of service. This is an award that recognizes staff formally through a corporate function and provides an opportunity to acknowledge their years of service and commitment to the organization. The milestone awards usually are presented for every 5 years of service. Although there are a multitude of formal recognition programs that can be adopted within any organization, it is important that there is infrastructure present to support and sustain them. The benefits of nurse recognition programs includes improved morale, enhanced loyalty, increased nurse motivation, and improved retention (Kramer et al., 2011; Kramer et al., 2010; Shirley, 2006). This ultimately lets nurses know they are valued and appreciated and are acknowledged for their contributions. It provides nurses with a sense of ownership and belonging in their workplace.

Throughout the nursing literature, discussions support the need for recognition programs; however there is a gap in the literature with regards to specific details of

effective and successful recognition programs within nursing. There is also a lack of formal evaluation on the effectiveness of their programs. Therefore, to understand employee recognition fully, it was imperative to extend the literature search beyond health care and include recognition programs within all sectors of the workforce. The majority of the literature that was reviewed was from the business sector.

It is crucial to understand that employee recognition, though vastly important, is relatively simple. Informal recognition, such as saying thank you to individuals who have gone out of their way to do a good job, is just as valuable as formal recognition. There is not a one size fits all approach to recognition programs, it needs to be flexible and be the best fit for everyone (Lowe, 2005). Many of the programs described multiple approaches to employee recognition through informal, day-to-day, performance reviews and formal processes (Byam, 2008; Lowe, 2005; Ventrice, 2009). Through the use of multiple approaches to employee recognition there is the ability to create programs which will benefit the multigenerational workforce. It is important for front line clinical managers to understand the needs of employees within their areas. As there are various generations currently employed within hospitals, it is important to understand what each generation values and what motivates them.

Day-to-Day Recognition

It is important to provide daily acknowledgement to employees. This can be accomplished through on-the-spot recognition. Front line managers can do this by walking through their departments and acknowledging the effort and work done by staff. A simple thank you to someone who has gone out of his/her way to make a patient feel comfortable can be extremely rewarding to the staff member. It could also be achieved

through peer-to-peer acknowledgments. A simple way to implement this is by having thank you notes on the units that could be filled out for anyone to acknowledge the great work he/she has done. In order to be successful, it is important to make it easy for staff to provide acknowledgment and recognition to their colleagues and other HCPs. This will engage staff and create a work environment that is conducive to employees participating in and influencing recognition (Byam, 2008). This form of recognition would satisfy the needs of members in Generations X and Y, who makes up 57% of the current nursing workforce in Ontario (CNO, 2012). Individuals in Generations X and Y are not necessarily committed to organizations; they are more interested in job satisfaction and work life balance (Hahn, 2009). Therefore, it is important that front line managers ensure this group is engaged and satisfied in the workplace to increase retention. The Baby Boomers, who currently make up 43% of the nursing workforce in Ontario, would also be satisfied with this form of recognition as they are interested in maintaining positive relationships and doing a good job in the workplace (CNO, 2012; Hahn, 2009).

Informal Recognition

This form of recognition can be achieved by developing defined criteria for a recipient to be recognized. This could be done through a nomination process by either peers or a manager. A special award is valuable to employees; however, it is more meaningful when they have been selected by a peer and when there is not a quota on the number of recipients of the award (Nelson, 2005). This form of recognition program could be established to occur monthly or biannually and requires minimal investment from management to support and sustain. An easy way to establish this program would

be to share it at a staff meeting. The front line clinical manager could inform staff members of the criteria and ask for input and feedback. Once there are agreed upon criteria, a nomination process could be established and set up. This award could be as simple as providing the successful staff member with a certificate or a small gift certificate to acknowledge his/her accomplishments. This would be easy to sustain, as the front line clinical manager could easily ensure the process is followed at the predetermined timelines and the recipient could be acknowledged at a staff meeting. This would provide an excellent opportunity to reward individuals for good performance, while at the same time they would obtain positive feedback and social recognition from their superior and peers.

Formal Recognition

Formal recognition programs are structured and have defined criteria, which can be linked to an organization's missions, goals, and core values. Formal programs are usually established and presented to recipients who have accomplished significant achievements such as service awards and innovations or contributions to the organization. It is important that the recognition program criteria are created by using the organization's core mission, values, and goals and is attainable. Programs should be open to everyone within the organization who can meet the criteria. As financial restraints and budgets can be a challenge for formal recognition programs, they can be as simple as a plaque or certificate along with some form of recognition celebration. The main point is to ensure the recognition is meaningful to the person receiving the award and is shared publically with his/her peers (Arms, 2010; Nelson, 2005). It is important to note that a formal recognition program does not take the place of informally recognizing

employees. A formal recognition program should serve as a supplement to informal and day-to-day recognition of employees.

Performance Reviews

It is important for front line managers to understand the untapped potential of their employees and work hard to help their employees grow and reach their potential (Arms, 2010; Lowe, 2005). Performance reviews are tools that can be used to understand individuals' learning needs and goals as well as an opportunity for front line managers to provide formal feedback and recognition. They should be completed at least once a year. It is an opportunity where managers are able to meet one-on-one with their staff and provide open, honest feedback and recognition on key performance indicators. Front line employees also have an opportunity to provide valuable feedback on how they feel they measure up to the performance indicators and identify learning needs, goals, and plans to achieve their goals. This form of recognition is very valuable and can be the basis for employee engagement and satisfaction (Arms, 2010; Lowe, 2005). Employees value feedback from their employers and want feedback on how they are performing. Through this form of recognition, employees will feel valued, invigorated, and motivated as they plan their careers and are able to utilize the organization to reach their potential (Nelson, 2005).

Employees need to know that they are valuable members of an organization and are respected for their contributions. Without recognition, staff may not feel appreciated. Front line managers who employ recognition in meaningful ways will motivate their employees to achieve higher productivity, engagement, and retention (AACN, 2005; Kramer et al., 2010). In order for front line managers to keep staff satisfied and

productive, they must utilize multiple approaches of recognition such as daily recognition, informal and formal programs, and completing yearly performance reviews. This will allow employees to feel valued and be more productive and satisfied in their jobs (Ali & Shakil Ahmed, 2009; Byam, 2008; Ventrice, 2009).

Organizational Challenges

The nurse manager is one of the most crucial team members within organizations who has a direct impact on nurse satisfaction, retention, and recruitment (Altuntas & Baykal, 2010; Lewis & Malecha, 2011; Mays et al., 2011; Schmalenberg & Kramer, 2009; Weberg, 2010; Zori et al., 2010). They have the ability to influence and create HWEs. However, within the current health care system, nurse managers are expected to balance budgets, supervise large numbers of subordinates, manage resources associated with patient care, improve patient safety, collaborate with internal and external partners, and HWEs appear to be at the bottom of these priorities (Laschinger & Wong, 2007). In order for nurse managers to create a HWE, there needs to be devotion of time, support, funding, and research. This is a challenge and barrier as many managers have their time divided between multiple units, financial budget accountability, and the burden of implementing multiple corporate initiatives. The health care system cannot continue and be sustained in its current state; there is a need for a paradigm shift. In order for this shift to occur, there needs to be time devoted to strategically arrange groups and understand what is necessary to move forward. Organizations need to evaluate the current system and understand if they have the right person with the right skills in the right position. As it is evident that the front line clinical manager is a crucial stakeholder in the furthering of health care organizations and has a direct impact on nurse satisfaction and productivity,

strategies need to be developed to support this role. There need to be formal education and mentoring programs for new front line clinical managers to understand their role and what skills are necessary to create and facilitate HWEs. This investment of time and resources will provide an opportunity for learning and growing to occur. There will be sharing of ideas and the creation of innovation. By providing time for individuals to meet and share ideas, respect and support will be developed. Nurses and managers will feel a commitment from the organization, which will lead to trust.

Once front line managers are supported and understanding of their roles within organizations, they can work with front line staff to build relationships. Managers and front line staff can work together to create informal and formal recognition programs that are meaningful to everyone. This will create an environment that is conducive to recognition and acknowledging individuals' contributions to the organization. Managers can continue to engage and support front line staff through feedback in performance reviews. This will assist front line managers to support individuals' learning needs and provide opportunities that will assist them in fulfilling their career goals. Support can be provided through allowing individuals time away from the workplace to work on projects, attend meetings, or by supporting education opportunities. The overall effects of this will result in increased job satisfaction, decreased absenteeism, and improved work environments.

A psychologist, Douglas McGregor (1957/1993) illustrates how Human Relations Management theory assumes that people want to work, that they're responsible, self-motivated, and want to succeed. McGregor used Maslow's hierarchy of needs as a framework and challenged the idea that many individuals working with organizations

already had their basic and safety needs meet outside of the workplace. His theory goes on to describe how organizations need to meet the higher level of needs such as social needs, esteem needs, and self-actualization. If organizations do not meet these higher levels of needs, then individuals will not be satisfied or motivated within their jobs. However, when organizations met these higher levels of needs, individuals were more creative, enthusiastic, and motivated. This in turn translated into improved job satisfaction, productivity, and efficiency in the workforce. McGregor's theory assumes that a large number of individuals have the ability to be innovative and creative, unlike Maslow (1943), who believed only a small segment of the population can attain self-actualization. McGregor describes how individuals desire rewards that satisfy their self-esteem and self-actualization needs over anything else. Therefore, it is important for front line managers within organizations to be cognizant of this and ensure there are opportunities to recognize individuals for their contributions and ensure there are ways to continually motivate them and tap into their full potential. This could be done through recognition at monthly staff meetings, informally at the end of each day, through thank you cards or notes, formal recognition programs, or formal feedback from the front line clinical manager during performance reviews.

CHAPTER SIX: STAFFING

This section of the review will illustrate the impact of the front line clinical manager role on staffing, staff retention, and the delivery of quality care.

Impending Nursing Shortage

Nursing is a profession that attracts individuals who are interested in health promotion, well-being, and the prevention of illness. Nurses are health care professionals who are dedicated to the care of others, people who care for individuals of all ages, their families, and communities through a holistic approach. This includes addressing the physical, mental, emotional, spiritual, and social aspects of the whole person (Berman, Snyder, Kozier, & Erb, 2007). As a profession, nursing can provide multiple career pathways through clinical practice, research, education, and administration. Nursing offers the opportunity of diverse practice in many different settings such as hospitals, home care, clinics, physicians' offices, schools, long-term health care facilities, and industrial settings.

Although nursing can be a challenging and rewarding career, within Canada a nursing shortage is looming. This is due to aging nurses, decreased enrolment into nursing programs, and nurses leaving the profession due to burnout or to pursue a different career (Altuntas & Baykal, 2010; Laschinger & Finegan, 2011; Lewis & Malecha, 2011; Maiden, 2010; Wieck et al., 2010). The increasing age of the nursing profession is a concern, as 25.5% of Canadian RNs are 55 years of age or more and are eligible for retirement (CIHI, 2011). This equates to approximately 90,000 nurses throughout Canada that are eligible for retirement (CIHI, 2011). Although there has been an increase of 5% more nursing graduates from 2009 to 2010, the supply clearly does not

meet the demand (CNA, 2012). Many authors believe we are not seeing the full impact of the nursing shortage due to the current economy, as many nurses who are eligible for retirement are postponing or delaying their retirement (Bentley, 2010; Ritter, 2011). However, the statistics are staggering. The CNA predicts Canada will be short almost 60,000 full-time nursing jobs by 2022. Unfortunately, this is not just a Canadian concern, it is a global issue. A World Health Organization International Council of Nurses discussion paper estimated the global shortfall of nurses will be close to 2 million in 2005 and has projected it would rise to 2.8 million by 2015 (Lane, Fernandes Antunes, & Kingma, 2009). As this is a major barrier to creating HWEs, there is a need for action.

Some professional organizations have recommended solutions. In a report by the CNA (2009), "Tested Solutions for Eliminating Canada's Registered Nurse Shortage," recommendations were made to assist in decreasing the nursing shortage. The report recommends increasing RN enrolment in entry-to-practice programs by 1,000 per year along with steps to reduce the attrition rates in these programs from 28% to 15%. They project this would "reduce the nursing shortage to 45,000 by 2022" (p. 3). The same report suggests that implementing strategies to improve the retention of working nurses would reduce the shortage by almost half. These two recommendations seem like an easy win as they would be easy to enact, a low cost to the system, and there are almost immediate results.

The report goes on to recommend some difficult policy changes such as reducing RN absenteeism. It has been well documented that absenteeism is disruptive and costly to organizations (Bentley, 2010; Laschinger et al., 2011; Laschinger et al., 2006; Ritter, 2011; Shirley & Fisher, 2008). In 2011, health care professionals had the highest

absenteeism per year, totaling 14.1 days (Dabboussy & Uppal, 2012). The CNA report (2009) recommends reducing the number of days an RN is ill from 14 days to 7 days. Although the predicted outcome of this policy change over 3 years would equate to 7,000 full-time nurses, the fact remains, it is very difficult to determine the causes of the absenteeism. There are many factors that come into play. Is it an excusable absence such as a personal illness/surgery, or is the absence a result of a stressful and unhealthy work environment? Therefore, there need to be infrastructures in place within organizations to determine all of the variables associated with absenteeism. An attendance program can be developed with strategies and support programs to ensure the focus is on supporting employees remaining healthy. There also needs to be education and training for front line managers so they can have open discussions with employees to understand how they can assist. The managers also need to have time to develop strategies to ensure the work environment is not the cause of the absenteeism. Clearly the solutions are not easy, and it will require a collaborative approach from government, unions, employers', professional associations, and other stakeholders to address and take control of the nursing shortage.

Adequate Staffing

The Canadian Nursing Advisory Committee (CNAC) recommended a 70–30 ratio of full- to part-time as an optimum staffing complement. In 2010, 58% of the nursing workforce was employed full-time (CIHI, 2011, p. 41). This demonstrates there is still work to be done to achieve this goal. As nursing is a profession that works 24/7 with a variety of 8-, 10 and 12-hour shifts, it is understandable that staffing and scheduling have been identified as a priority. It is imperative to have adequate staffing to provide safe, effective care. There are many studies that demonstrate the direct negative impact

inadequate staffing and increased workload have on patient care (Altuntas & Baykal, 2010; Mays et al., 2011; RNAO, 2007; Weberg, 2010; Zori et al., 2010). Nurse to patient ratio is a measurement that is utilized to ensure staffing is adequate. It is measured by the number of patients to each nurse. The higher the patient acuity, the more nursing care that is required, which means the nurse to patient ratio would be lower. Front line nurse managers need to understand the intricacies of their units including the compliment of full-time RNs to part-time RNs, patient acuity, total length of patient stay, hours of operations, and the nursing care required for their patient population. It is imperative that front line managers and nurses have the knowledge and skills required to assess and understand the existing workloads and contrast them with current staffing patterns and patient demands (CNAC, 2002; RNAO, 2007). Understanding the principles of scheduling and workload is necessary to have a baseline knowledge that will ensure there is an adequate number of nursing staff to care for the patient acuity.

Workload measurement systems are valuable tools that organizations should be using to evaluate and ensure there is an adequate balance of the nursing skill mix required to meet patient needs (CNAC, 2002; RNAO, 2007). This is one of the ways in which organizations can systematically understand the factors and care required for the patients on each unit. These nursing workload systems generate data which front line managers can use to predict staffing requirements, make staffing decisions, and provide case costing information. However, there is a caution that the workload systems may not be sensitive enough to capture the varying needs of patients, unit-specific staffing levels, and there are concerns about the reliability of the data (RNAO, 2007). “In order to effectively measure, plan and cost nursing, we need to determine what nursing is and

what nurses do” (Ferguson-Pare & Bandurchin, 2010, p. 32). Organizations need to engage nurses in discussions to understand the variation and uniqueness of the nursing role within the different practice environments. Their expertise and judgment should be utilized in estimating the nursing requirements for the patients they are caring for. Therefore, if workload systems are utilized, there needs to be ongoing evaluation to ensure these systems are actually capturing the information they were established to. This includes monitoring patient acuity, nursing care required, ensuring the standards of nursing practice and evidence-based practices are incorporated within the system, and the measurement data matches the staffing model.

The front line clinical manager has a significant role to play in ensuring the clinical units are adequately staffed. It has been recommended that front line managers be given formal education and training on budgets, utilization rates, scheduling, and skill mix so they have the skills and expertise to adequately staff the units (CNAC, 2002; RNAO, 2007; Shirley & Fisher, 2008). Managers need to understand the correlation between their budgets and the minimum unit staffing requirements. The front line clinical manager needs to have in-depth knowledge of patient population and acuity, the daily activity on the unit, and ensure the staffing model matches the patient demands. This is another demand on the manager’s time; however, staffing is a crucial aspect of a HWE. If there is inadequate staffing resulting in increased workloads, there will be increased absenteeism, decreased retention, decreased morale and staff satisfaction, and decreased patient outcomes (Mays et al., 2011; RNAO, 2007; Weberg, 2010). Front line managers can obtain data from decision support services within their organization which can assist them in understanding the flow of patients in their units and the daily census.

For example, a surgical unit may have the majority of their activity Monday to Friday, when the operating rooms are open and functioning. Therefore, acquiring data on the census by day of the week would be beneficial in understanding what days have the highest patient census so that staffing can be adjusted accordingly. For example, if the census is lower on the weekends, you would decrease staff and then increase on Monday when the census is higher. It is essential that front line managers have the resources and ability to adjust their staffing models according to patient acuity. Organizations need to ensure they have adequate structures in place to provide the adequate number of nurses required for patient acuity and the ability to provide flexible schedules to ensure nurse have adequate time off and that vacation quotas can be met and supported (AACN, 2005; Kramer et al., 2010; McGillis Hall et al., 2008; RNAO, 2007). This will ensure there is fair and equitable distribution of care that will result in realistic workloads. This supportive environment will allow nurses adequate time to practice competently to the full scope of their practice and would be a step towards creating a HWE (CNA, 2009).

Retention

In the current state of nursing where demand is outweighing supply, there is a need to put effort into retention of experienced staff. Nursing is a profession which involves providing care to individuals, their families, and their community. It can be very rewarding and satisfying. Although this is one of the main reasons why individuals are attracted to the nursing profession, it can also be one of the main stressors within the job (Erenstein, & McCaffrey, 2007). Over the years the nursing profession has experienced increased demands, expectations, and responsibilities due to restructuring, the impact of improvements in technology, and a constantly changing health care

environment. The stressors of the job can be compounded by other factors such as home life or responsibilities outside of the workplace. This is why many hospitals have supports in place to assist nurses to remain healthy, satisfied, and safe at work. Hospitals are offering enhancements such as fitness and weight loss programs, employee assistance programs, and monthly health and safety inspections. In order to retain nursing staff, organizations need to develop environments where nurses want to work. Nurses are invested in providing quality patient care in safe workplaces, are interested in flexible scheduling, and in having shared decision making at the unit level. Therefore, health care organizations and administrators need to be creative in developing strategies to develop such a work environment so that nurses feel supported and want to remain in the profession.

Implications for Managers

Retaining staff is a significant stressor for organizations, the front line manager, the staff nurse, and the patient. When an experienced nurse leaves a unit/department because of another job or retirement, the impact on the remaining nurses and implications for human resources is significant (Hayes, Bonner, & Pryor, 2010; Weidner, Graham, Smith, Aitken & Odell, 2012). A significant amount of knowledge and skill is lost within organizations when nurses are not satisfied in their workplace and leave their jobs. Many of the reasons nurses leave their current workplace has been linked to unhealthy work environments characterized by a lack of engagement, disrespect, lack of decision making, and poor leadership (Laschinger et al., 2009; Ritter, 2011; Weberg, 2010). Studies have identified that the cost to recruit nurses to units/departments for vacant positions is significant (Lavoie-Tremblay et al., 2010; Gormley, 2011). There is also an incremental

impact to the nurses on the units such as increased workload due to inadequate staffing and increased overtime, which leads to dissatisfaction and potential for more turnover of staff (Murrells, Robinson, & Griffiths, 2008; Weidner et al., 2012). It can be a perpetual cycle. The key challenge for front line managers is to understand why nurses are leaving their current jobs and attempt to correct the problem; however this isn't always an easy problem to fix. The reasons nurses are leaving may be due to a combination of factors. Numerous studies have identified that the main reasons nurses leave is due to lack of leadership and the relationship they have with their direct manager (Erenstein, & McCaffrey, 2007; McGillis Hall et al., 2008; Schmalenberg & Kramer, 2009). In order to address the future of nursing and health care delivery in Canada, it is imperative that strategies be developed and implemented to retain experienced nurses.

The front line clinical manager is a critical link to the retention of nursing staff (Gormley, 2011; Hayes et al., 2010; Laschinger et al., 2006; Ritter, 2011; Shirley & Fisher, 2008). It is essential that front line managers understand how vital their role is in engaging and retaining staff. Front line managers will not be successful if they attempt to do this alone; organizational support is required. Due to the impact a front line clinical manager has in creating HWEs and ultimately retaining staff, one strategy organizations could execute would be to increase the investment, education, and training of the front line manager. There is a need to develop clear role expectations and behaviours for the front line clinical manager role. Then, through education, leadership training, and mentorship programs, front line managers could ensure they have the knowledge, skills, and ability to create positive work environments.

To attract and retain individuals into the nursing profession will require the use of multiple strategies. It is imperative that front line managers understand various strategies to improve the workplace through role clarity, improving respect, improving communication, and sharing decision making to ensure nurses are satisfied in their jobs.

One way front line managers could improve retention is to ensure there are clear expectations of roles. In order to be successful and fulfilled at work, individuals need to understand what is expected of them. It is imperative that front line staff have clarity of job expectations in order to be successful. Front line managers could easily ensure nurses are aware of expectations through role descriptions, competency checklists, unit-specific policies, procedures, and guidelines. All of these could be incorporated into the training and education process for the unit/department. This will improve job satisfaction as each nurse will know exactly what is expected from him/her.

Front line managers can adopt an environment that fosters respect and collegiality. This strategy is more challenging to implement. Studies have identified that nurses identified the lack of respect within the workplace as one of the reasons they intended to quit (Ritter, 2011). Therefore, front line managers need to implement strategies to address this and improve respect within the workplace. One way front line managers can increase the perception of respect is by recognizing nurses for the work they do and their efforts. This will allow nurses to feel valued and appreciated (Ritter, 2011). Front line managers can demonstrate respect for nurses by recognizing their achievements and accomplishments. This can be done by acknowledging and thanking nurses for their achievements either publicly and/or privately for their accomplishments in the unit/department.

Front line managers can facilitate open, honest two-way communication through regular staff meetings, formal and informal performance feedback, providing opportunity for growth and development, and eliciting feedback and input from staff when changes or decisions are necessary within units/departments. As communication within organizations can be challenging, another strategy to improve communication would be to include front line nurses on committees. This would ensure that front line nurses feel engaged and valued within the organizations. They would have an opportunity to provide input and feedback and be able to contribute to decisions made within the organization. The front line nurse is a crucial stakeholder who needs to be engaged so there is buy-in, empowerment, shared decision making and sustainability of these HWEs to improve retention (Gormley, 2011; Laschinger et al., 2006).

Organizational Barriers

Retention of nurses requires the use of multiple approaches and strategies such as increasing communication and accountability, providing supportive, competent leadership, having adequate staffing, recognizing individuals for their contributions, and providing opportunities for professional growth (AACN, 2005; CAN, 2009; Kramer et al., 2011; Laschinger et al., 2011; Maiden, 2010; Ritter, 2011; RNAO, 2007; Sherman & Pross, 2010). Improvement in all of these areas will ultimately improve the work environments. However, this will not be a simple fix and will require a significant investment of time and resources from organizations. As the front line clinical manager plays a crucial role in creating change and providing leadership at the unit level, there needs to be investment in developing future leaders. Therefore, it is imperative that organizations ensure front line managers are equipped with the leadership and skills

necessary to elicit the change which is required to transform health care workplaces. Front line clinical manager performance and competency have been linked to the empowerment of staff to improve communication, accountability, and interdisciplinary relationships (Schmalenberg & Kramer, 2009). However, caution needs to be exercised as the front line clinical managers cannot continue to add to their workload. The front line clinical manager role has been described as one of the most challenging roles within health care due to the extensive range of responsibilities (Kramer et al., 2007). There are not clear role descriptions. Front line managers have responsibility for nursing practice, staffing, budgets, personnel functions, career development, and providing leadership, as well as developing and maintaining inter-professional relationships with educators, financial controllers, and physicians (Laschinger & Wong, 2007; Schmalenberg & Kramer, 2009; Shirley, 2006). It has also been identified that the front line manager's span of control is excessive, which directly impacts the manager's ability to effectively support and supervise staff (Shirley & Fisher, 2008). Span of control is defined as "the number of people who are supervised by a manager" (McCutcheon et al., 2009, p. 50). McCutcheon et al. identified that as the number of employees a manager has to supervise increases (i.e., a larger span of control) there is a negative impact on the staff nurses' satisfaction. Therefore, organizations need to relook at role descriptions and span of control for the front line clinical manager and establish a manageable workload. It is not possible to provide leadership to an increasingly large number of staff and effectively manage the day-to-day operational aspects of units. This will establish what the necessary job functions are for front line managers and which ones can be delegated to others. In essence, organizations need to maximize their front line managers'

productivity. This can be done by ensuring that front line managers have the knowledge, skill, and training to perform the day-to-day operational and business functions such as balancing budgets and ensuring adequate staffing. They can also increase their leadership skills so they are able to support their staff through facilitating collegial relationships, increasing teamwork, providing professional development opportunities, providing recognition, performance appraisals, and supporting job advancement. This will ultimately increase nurse retention and improve staff satisfaction (Laschinger et al., 2011; Laschinger et al., 2006; Ritter, 2011).

CHAPTER SEVEN: SUMMARY

It is evident throughout the literature that unhealthy work environments within nursing have been created due to a multitude of factors. The negative effects of unhealthy work environments have been well documented. They result in a lack of respect, poor collegial relationships, a lack of nursing autonomy and ability to practice in quality environments, lack of decision making, inadequate staffing, and an increase in job demands and stressors (Kramer et al., 2011; Laschinger et al., 2011; Laschinger et al., 2006; Sherman & Pross, 2010; Zori et al., 2010). In combination, all of these contributing factors lead to decreased morale, job satisfaction, and retention and recruitment and poor patient outcomes (Altuntas & Baykal, 2010; Kramer et al., 2010; Mays et al., 2011; RNAO, 2006; RNAO, 2007; Shamian & El-Jardali, 2007; Weberg, 2010; Zori et al., 2010). Therefore, considerable focus has been directed at facilitating and creating HWEs within nursing. Professional organizations have established guidelines and recommendations to improve nursing work environments (AACN, 2005; RNAO, 2006; RNAO, 2007). These recommendations include six common concepts: teamwork and collaboration, adequate staffing, competent and supportive leadership, accountability and shared decision making, recognition of excellence in practice, and providing supportive opportunities for education (ACCN, 2005; Kramer et al., 2010; Kramer et al., 2011; Laschinger et al., 2011; Maiden, 2010; McGillis Hall et al., 2008; Ritter, 2011; RNAO, 2006; RNAO, 2007; Sherman & Pross, 2010). Although these concepts and recommendations have identified what needs to happen to maximize and improve work environments, it still remains challenging for many clinical managers and organizations to facilitate. This is because many of the guidelines provide conceptual

frameworks with broad recommendations. There are few practical application guides, educational tools, or resource materials which front line managers could utilize for easy implementation in the workplace. Therefore, it is up to individual managers to develop strategies, education plans, and/or change processes within their own units/departments in order to facilitate and implement the elements of HWEs. However, given the broad spectrum of guidelines and responsibilities, the planning and development of strategies can be a challenging undertaking for a front line manager.

The Impact on Front Line Managers

The front line clinical manager role has been identified as being fundamental in influencing and creating positive changes in clinical areas. Many authors discuss the importance of front line clinical managers and the link between this role and staff nurses' satisfaction, burnout rates, recruitment and retention, and absenteeism rates (Altuntas & Baykal, 2010; Lewis & Malecha, 2011; Mays et al., 2011; Schmalenberg & Kramer, 2009; Weberg, 2010; Zori et al., 2010). The front line clinical manager is the link within organizations that connects management and employees. For that reason, front line managers can have a direct impact on work environments and are the key to improving them. However, this role has changed dramatically over the last few decades due to numerous restructuring initiatives and continuous changes within health care organizations (Sherman & Pross, 2010). Front line clinical managers have experienced an increase in both job function and workload. The front line clinical manager has evolved from a position with responsibility for nursing staff and practice to a management position that interacts and collaborates with various health care professionals, clinical educators, financial and decision support controllers, and

physicians and may have responsibility for numerous units/departments (Laschinger & Wong, 2007; Shirley, 2006). The front line manager directly impacts how organizations perform through ensuring and facilitating: health and safety in the workplace, adequate staffing, balanced budgets, day-to-day operations, improving patient safety, educating and training staff, career development, promotion of multidisciplinary teamwork, and improving the patient experience (Schmalenberg & Kramer, 2009; Shirley, 2006; Shirley & Fisher, 2008). As the front line clinical manager's role has evolved and expanded, there are concerns with increased workload and accountability.

Next Steps

Throughout the literature, front line manager leadership is seen as crucial to the impact and creation of HWEs (Kramer et al., 2011; Kramer et al., 2010; Laschinger et al., 2006; Lewis & Malecha, 2011; Maiden, 2010; McGillis Hall et al., 2008; Needleman et al., 2009; Ritter, 2011 RNAO, 2006; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Shirley, 2006; Wieck et al., 2010; Weberg, 2010; Zori et al., 2010). It has been identified that there has been a decline in front line manager positions in Canada. Front line manager positions have decreased by 2.3% in Canada and 1.6% in Ontario (CIHI, 2011). In light of the increased workload and decreasing numbers of managers, organizations need to develop plans to reinvest in developing and supporting this role. Within health care organizations there is usually little or no focus put on the development of future leaders or succession planning (Stichler, 2008). Organizations need to make an investment in future nurse leaders and the front line clinical manager role. Initial steps need to include building a strong foundation of clearly defined roles, responsibilities, expectations, behaviours, and competencies necessary to be an effective front line

manager (Ritter, 2011; Sherman & Pross, 2010; Shirley & Fisher, 2008; Weberg, 2010). This would include establishing a manageable span of control which would enable the manager to have time to effectively manage the day-to-day operations of the unit/department while at the same time being able to provide leadership and support to staff. Once clear expectations have been developed for the front line clinical manager role, then organizations can strategize on how to nurture and develop the role. This could include linking senior leaders as mentors and coaches with front line managers so that trusting, supportive relationships can be built. Development programs could be established to include training and education on leadership, budgets, staffing, human resources management, and other business functions and ensuring there are adequate resources in clinical areas (Kramer et al., 2010; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010). It is also important to ensure that front line managers are equipped with soft skills such as building and fostering trusting and respectful relationships. Resources such as education, peer networking, professional development, and succession planning for all levels of leadership are necessary to build an investment in future leaders. This would provide the foundation and support necessary for front line clinical managers to perform competently and have adequate knowledge, skill, and education to permit quality practice environments and manage workload expectations.

Recommendations for Organizational Changes

HWEs need to facilitate leadership, improve communication and collaboration, increase accountability, facilitate shared decision making, and contribute to adequate staffing. HWEs offer a standard that should be attained, not just worked towards. Through the use of the professional organizations' HWE frameworks, organizations can

provide front line clinical managers with the education, support, and resources necessary to provide respectful and supportive quality work environments. Front line clinical managers need to devote time, support, and funding and encourage research in order to foster and create a HWE.

The front line clinical manager's role may include workload challenges such as managing and providing leadership, staff support, budget accountability, recruitment, retention, staffing, promoting teamwork and collaboration, ensuring safe patient care, and the burden of multiple organizational initiatives and strategic goals and plans. Given everything that is thrust upon a front line manager, time is something that is necessary. Therefore, time is a valuable resource; time is necessary so that front line clinical managers can plan, develop, and implement strategies that contribute to producing HWEs. Coupled with the imminent nursing shortage, Canada's health care system cannot continue and be sustained in its current state. There needs to be a paradigm shift within organizations where there is a "can't say no" philosophy and responsibilities and initiative are continuously imposed upon front line managers towards an environment where new foundations can be built. This will develop and build front line managers' capacity and efficiency through detailed job descriptions and clearly defined roles and responsibilities. In order for this shift to occur, there needs to be time devoted to bringing all levels of the organization together. This includes engaging front line nurses, managers, and senior leaders within organizations to develop plans and strategies to create HWEs as they cannot be created independently. This investment of time and resources will provide an opportunity for learning and growing to occur. By providing time for front line nursing teams and managers to meet and share ideas, a sense of

support will develop. Nurses and managers will feel a commitment from the organization, which will lead to trust and improved practice environments. Improvement of work environments has positive effects on morale, job satisfaction, improved patient outcomes, and increased retention of professional nurses (Erenstein & McCaffrey, 2007; Gormley, 2011).

Future Research

This project has identified some areas for future research. The recommendations and guidelines on HWEs do not provide concrete strategies or educational plans for front line clinical managers to utilize in the workplace. The literature has identified many different approaches to creating HWEs yet there are not consistent practices or strategies on how the various recommendations can be uniformly translated into practice environments. As I reflect on the literature, I now have many new research questions. I am very interested in understanding if formal performance reviews make a difference in nurses' job satisfaction. In my practice area, performance reviews are inconsistently completed. There are not any guidelines or educational packages for front line managers to utilize when they are completing them. Therefore, many of the performance indicators are based on subjective data. Developing an educational package for front line managers to utilize when completing performance reviews would be beneficial to ensure there is consistent terminology and practices utilized within organizations. An e-learning module could provide definitions on the various quality indicators which are used to measure employees' performance. There could be scripted text that could be utilized to describe employees' competencies, behaviours, practices, areas for improvement, and next steps, similar to teachers' comments on report cards. The development of an e-learning module

would provide front line managers with flexibility to complete the education process and would enhance the learning and skills they will acquire. It would also provide an opportunity for organizations to have a standardized educational approach to ensuring that front line managers have clear expectations, knowledge, skill, and capacity to complete performance reviews. Once the education is developed and completed by managers, it would be important to understand if performance reviews are achieving their desired outcome. There are many different performance templates and tools that have been created. Another area for research would be to understand what are the most objective and reliable performance review tools/templates available, and how frequently should they be completed? By completing research and evaluating this one strategy, front line managers could have the potential for a standardized and consistent practice to follow which could be easily transferred and implemented into any work environment.

Another area where I feel that research is necessary is in regards to front line manager development. As the front line manager is a critical role in creating positive work environments, I believe there need to be further educational opportunities and programs developed to ensure this role has the proper skills and knowledge that are necessary to facilitate HWEs. Some educational strategies that could be developed to assist front line managers in their role could be webinars on budgets, interpersonal skills, and training on leadership styles and skills. This could be expanded to include e-learning modules or the development of educational learning sessions. As different managers/organizations develop plans and strategies that have been implemented into the workplace, it would be necessary to complete research to evaluate the effectiveness. Research would provide initial insight into understanding the factors and elements

necessary to elicit a desired outcome. Then, it would be important to understand if strategies implemented in one unit/department are generalizable and could easily be applied or implemented into another unit/department and have the same outcome.

Recommendations for My Practice

After completing this project, I have identified numerous recommendations and strategies that can be implemented into work environments to improve them. I realized quickly that I am not able to implement them all at once due to capacity and the time necessary to develop plans and implement the necessary changes. I have reviewed the recommendations and prioritized some small pieces of work I would like to work on and implement into my workplace. I am extremely interested in understanding how I can impact my employees' satisfaction at work. I believe if individuals are happy within their workplace, this will translate into healthier individuals who want to come to work and do a good job. This will ultimately increase satisfaction, retention, and teamwork because if individuals are happy in their workplace they will come to work routinely and will be engaged. What I would like to initiate is one-on-one meetings with all of my staff. These meetings would include a formal performance review so that staff can have formal feedback on their performance, next steps, and job expectations. This would provide me with an opportunity to have open discussions with individuals to understand their learning needs and future goals. We could then formulate plans collaboratively in order to meet their goals. I would also like to discuss with them what they think works well within our work environment and what they would like to change. This would provide an opportunity for staff to provide input and feedback regarding their workplace. I feel I could easily implement this strategy into my practice to help me understand what

staff desire and need to be satisfied at work. This would provide me with insight into their perceptions and we could work together as a team to develop various strategies and create action plans to move forward on creating and fostering HWEs.

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Appendix

Definition of Terms

The following definitions are presented to provide clarity and meaning to the terminology used throughout this project.

Collaboration is defined as a process where two or more individuals work together to build consensus on common goals, approaches, and outcomes (Graham & Barter, 1999).

Health care professional (HCP) is defined as any regulated health care practitioner that works within nursing, medicine, or an allied health provider. These individuals provide care to individuals and their families.

Healthy work environment (HWE) is defined as “a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes” (RNAO, 2006, p. 13).

Front line clinical manager is defined as nurses or non-nurses in positions with responsibility for nursing and acute care patient units/wards with staff nurses reporting to them. There is no level of management below them; however they may have charge nurses, supervisors or team leaders who report directly to them (Laschinger & Wong, 2007, p. iv).